

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90171 015 \*\*\*\*61.25

**DOCUMENT # N14445**

1. Entity Name

**DECOY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

671 DECOY ROAD  
 GREEN COVE SPRINGS FL 32043  
 US

671 DECOY RD.  
 671 DECOY RD.  
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2375777**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, BOBBY**  
**671 DECOY ROAD**  
**GREEN COVE SPRINGS FL 32043**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **ROBERTS, CATHY J**  
 STREET ADDRESS **717 OAK RIDGE AVE**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE  Change  Addition  
 NAME *Treasurer*  
 NAME *Connie D. Livingston*  
 STREET ADDRESS *6292 County Rd. 209S.*  
 CITY-ST-ZIP *Green Cove Springs, FL 32043*

TITLE  Delete  
 NAME **TR GUTHRIE, DEWEY H**  
 STREET ADDRESS **156 GUTHRIE RD**  
 CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR WILLIAMS, JAMES A JR**  
 STREET ADDRESS **1134 NORTH**  
 CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SDT GLISSION, J.W.**  
 STREET ADDRESS **P. O. BOX 262 N/A**  
 CITY-ST-ZIP **BOSTWICK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie D. Livingston* (904) 4/29/01 325-5521  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)