


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14445</b> 1. Entity Name DECOY BAPTIST CHURCH, INC.	
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Principal Place of Business 671 DECOY ROAD GREEN COVE SPRINGS, FL 32043 US	Mailing Address 671 DECOY RD. 671 DECOY RD. GREEN COVE SPRINGS, FL 32043
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05172004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2375777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILKINSON, DENNIS 248 PALMETTO BLUFF RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTHRIE, PAUL L 214 HWY 17 N PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEDMAN, DANIEL 732 VARNEY RD GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIVINGSTON, DENISE 6292 COUNTY ROAD 209S. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000161577  
 05/27/04-80001-011 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Denise Livingston* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *5/16/04* **Date** *386-325-5521* **Daytime Phone #**