2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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

04252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2375777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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04/29/05-80088-024 61.25

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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 Treasurer 4/26/05 (386)325-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Denise Livingston