

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14445

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: DECOY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

671 DECOY ROAD  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2375777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: WILKINSON, DENNIS  
Address: 248 PALMETTO BLUFF RD  
City-St-Zip: PALATKA, FL 32177

Title: T      ( ) Delete  
Name: GUTHRIE, PAUL L  
Address: 214 HWY 17 N  
City-St-Zip: PALATKA, FL 32177

Title: T      ( ) Delete  
Name: STEDMAN, DANIEL  
Address: 732 VARNEY RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T      ( ) Delete  
Name: LIVINGSTON, DENISE  
Address: 6292 COUNTY ROAD 209S.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY BAKER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

09/05/2006

\_\_\_\_\_ Date