


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N14445 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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01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2375777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reissuing)

Filing Fee is \$61.25
Due by May 1, 2007

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

100000637985
 02/27/07-80011-005 61.25

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Denise Livingston 2/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #