

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90772 039 \*\*\*\*61.25

003321

**DOCUMENT # N14445**

1. Entity Name  
**DECOY BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address

671 DECOY ROAD      671 DECOY RD.  
GREEN COVE SPRINGS FL 32043      671 DECOY RD.  
US      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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>WILKINSON, DENNIS</b>	
STREET ADDRESS	<b>248 PALMETTO BLUFF RD</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>GUTHRIE, PAUL L</b>	
STREET ADDRESS	<b>214 HWY 17 N</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>STEDMAN, DANIEL</b>	
STREET ADDRESS	<b>732 VARNEY RD</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Denise Livingston</i>	
STREET ADDRESS	<i>6292 County Road 2095.</i>	
CITY-ST-ZIP	<i>Green Cove Springs, FL 32043</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Denise Livingston*      *Denise Livingston*      *4/27/03*      *386-325-5521*

CR2E037 (10/02)