

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003879

1. Entity Name

SAMPSON CITY BAPTIST CHURCH INC.

APPROVED
AND
FILED

06-03-2002 91194 044 ****61.25
10-01-2002 90175 031 ****61.25
N01000003879

02 00 29 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
RT 6 BOX 1352-A
STARKE FL 32091

Mailing Address

RT 6 BOX 1352-A
STARKE FL 32091

2. Principal Place of Business

13797 SW CR 227

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State
Starke FL

City & State

Zip 32091

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHITTY, WANDA
24343 US HWY 301 N
LAWTEY FL 32058

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-3724836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required.

7. Name and Address of New Registered Agent

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHITTY, WANDA 24343 US HWY 301 N LAWTEY FL 32058	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRENT, RICHARD 12649 CR 18 BROOKER FL 32622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FREEMAN, WALT RT 6 BOX 1352-A STARKE FL 32091	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

GNATURE: *Signature Required*

CR2E037 (4/02)

9-10-12