

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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

DOCUMENT # N01000003879

1. Entity Name

SAMPSON CITY BAPTIST CHURCH INC.

02 OCT 29 PM 3:17

Principal Place of Business

RT 6 BOX 1352-A  
STARKE FL 32091

Mailing Address

RT 6 BOX 1352-A  
STARKE FL 32091

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

13797 SW CR 227

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Starke FL

City & State

Zip

32091

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3724836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHITTY, WANDA  
24343 US HWY 301 N  
LAWTEY FL 32058

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

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

TITLE	T	CHITTY, WANDA	<input type="checkbox"/> Delete
NAME		24343 US HWY 301 N	
STREET ADDRESS		LAWTEY FL 32058	
CITY-ST-ZIP			
TITLE	T	TRENT, RICHARD	<input type="checkbox"/> Delete
NAME		12649 CR 18	
STREET ADDRESS		BROOKER FL 32622	
CITY-ST-ZIP			
TITLE	T	FREEMAN, WALT	<input type="checkbox"/> Delete
NAME		RT 6 BOX 1352-A	
STREET ADDRESS		STARKE FL 32091	
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			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2007 (4/02)

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: Wanda Chitty REQUIRED

9-18-02