

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003879

1. Entity Name
SAMPSON CITY BAPTIST CHURCH INC.



Principal Place of Business

13797 SW CR 227
STARKE, FL 32091

Mailing Address

13797 SW CR 227
STARKE, FL 32091



02152005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3724836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREEMAN, WALTER I
13861 SW CR 227
STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FUTCH, R LAMAR
STREET ADDRESS	17156 SW 101ST AVE
CITY-ST-ZIP	STARKE, FL 32091
TITLE	T
NAME	TRENT, RICHARD
STREET ADDRESS	12649 CR 18
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	T
NAME	FREEMAN, WALT
STREET ADDRESS	13861 SW CR 227
CITY-ST-ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/05-80015-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Walter I. Freeman **Walter I. Freeman** 3-6-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-964-4505