


**-2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000003879 1. Entity Name SAMPSON CITY BAPTIST CHURCH INC.	
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Principal Place of Business 13797 SW CR 227 STARKE, FL 32091	Mailing Address 13797 SW CR 227 STARKE, FL 32091
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3724836	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  
  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUTCH, R LAMAR 17156 SW 101ST AVE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRENT, RICHARD 12649 CR 18 BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, WALT 13861 SW CR 227 STARKE, FL 32091
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01/12/06-80026-002 61.25

**DO NOT WRITE  
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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: Walter I. Freeman (Walter I. Freeman) 1-4-06 904-964-4505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #