

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
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**



01072008 No Chg-NP

CR2E037 (4/06)

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

**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

Walter I. Freeman

1-20-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000838586
03/05/08-80037-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Lamar Futch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-08

DATE

904-964-4505

DAYTIME PHONE #