

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01527**

1. Entity Name  
**SAMPSON CITY HUNTING CLUB, INC.**



Principal Place of Business  
**207 S. LAKEWOOD DR.  
STARKE, FL 32091 US**

Mailing Address  
**207 S LAKEWOOD DR  
STARKE, FL 32091 US**



01222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3029615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JOHNS, BRIAN K.  
207 S. LAKEWOOD DR.  
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 Brian K. Johns Brian K. Johns 1/22/07  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000605319  
01/30/07-80031-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
GRIFFIS, ELLIS  
736 SW MORLAND ST  
STARKE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DST  
JOHNS, BRIAN  
207 S LAKEWOOD DR  
STARKE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
SKELLY, JAMES R  
20346 NW 71ST PLACE  
STARKE, FL 32091**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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: Brian K. Johns Brian K. Johns 1/22/07 904-966-6337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #