

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010826

FILED  
May 11, 2011  
Secretary of State

**Entity Name:** SAMPSON'S GYM INC.

**Current Principal Place of Business:**

2341 SE 186 TERR  
SILVER SPRINGS, FL 34488

**New Principal Place of Business:**

**Current Mailing Address:**

2341 SE 186 TERR  
SILVER SPRINGS, FL 34488

**New Mailing Address:**

**FEI Number:** 61-1630553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWELL, TERESA  
1026 WHIDDON AVE.  
CEDAR KEY, FL 32625 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WEST, BRIAN  
Address: 18686 SE 22 LANE  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D  
Name: HOWELL, CHARLIE  
Address: 1026 WHIDDON AVE.  
City-St-Zip: CEDAR KEY, FL 32625

Title: D  
Name: SAMPSON, J M  
Address: 2341 SE 186 TERR  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: T  
Name: HOWELL, TERESA  
Address: 1026 WHIDON AVE.  
City-St-Zip: CEDAR KEY, FL 32625

Title: D  
Name: INMAN, JULIE  
Address: 4760 SE 8TH ST  
City-St-Zip: OCALA, FL 34471

Title: D  
Name: BASTARACHE, MAURICE  
Address: 2341 SE 186 TERR  
City-St-Zip: SILVER SPRINGS, FL 34488

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES M. SAMPSON

DIR.

05/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date