## **NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

## May 05, 2006 8:00 am Secretary of State DOCUMENT # NO2000002715 05-05-2006 90187 022 \*\*\*\*61.25 Sword ministries, Inc. Daniels DO NOT WRITE IN THIS SPACE 50019029 3. Mailing Address 2. Principal Place of Business 2246 wiley 57. Suite, Apt. #, etc. 2246 Wiley ST. Suite, Apt. #, etc. CR2E037B (8/05) Applied For City & State City & State 4. FEI Number Hollywood FC. follywood FC. 55.0797656 Not Applicable 33020 Country \$8.75 Additional 5. Certificate of Status Desired AMERICA AMERICA Fee Required 7. Name and Address of Current Registered Agent Vaniels *1*3. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2246 Wiley ST. Zip Code 33020 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 April 26 2006 SIGNATURE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees Initial or Amended AR 10. OFFICERS AND DIRECTORS DP TITLE TITLE Alexander Daniels 2246 Wiley 27. HOLLY word El. 3 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+7IP TITLE LORY Daniels 2246 wiley 37. Hollywood FC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITIF TITLE Jackson, Eda 4530-14 309 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE Landerdale Lakes, A. 53319 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Harrison, Dethonia NAME STREET ADDRESS 1525 S. 23RD AUR STREET ADDRESS 10114 wood FC. 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE POWELL Brigh OR BLDG 19 APT 611 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 on an of the corporation of the receiver of thouse simple attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

- Alexander Dancels

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

954-921-8306