2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002715

FILED Feb 18, 2009 Secretary of State

Entity Name: DANIELS SWORD MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2246 WILEY ST HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** 2246 WILEY ST HOLLYWOOD, FL 33020 FEI Number: 55-0797656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIELS, ALEXANDER 2246 WILEY ST. HOLLYWOOD, FL 33020 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DP () Change () Addition DANIELS, ALEXANDER Name: Name: 2246 WILEY ST Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: Title: () Delete () Change () Addition DANIELS, LORI Name: Name: Address: 2246 WILEY ST Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition JACKSON, IDA Name: Name: 4530 NW 36 ST #307 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: Title: вм () Delete Title: () Change () Addition Name: HARRISON, DETHONIA Name: Address: 1524 S 23RD AVE Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER DANIELS DP 02/18/2009

() Delete

901 HILLCREST DR BLDG 19 APT 611

Title:

Name:

Address: City-St-Zip: BM

ROWELL, BRIAN

HOLLYWOOD, FL 33020

() Change () Addition