NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 91516 037 ****61.25

DOCUMENT # N02000002715

1. Entity Name

Daniels Sword Ministries Inc.

55041709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2246 Wiley ST.	Sme
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FLA.	City & State
Zip: 33020 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 55-0797656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lory Daniels

Street Address (P.O. Box Number is Not Acceptable): 2246 Wiley ST.

City: Hollywood FL 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 the obligations of registered agent.

SIGNATURE _____ 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE (D)	President "D"	TITLE	
NAME	Rev. Alexander Daniels	NAME	
STREET ADDRESS	2246 wiley St.	STREET ADDRESS	
CITY-ST-ZIP	Holly wood FL. 33020	CITY-ST-ZIP	
TITLE (T)	Registered Agent "T"	TITLE	
NAME	Lory Daniels	NAME	
STREET ADDRESS	2246 wiley St.	STREET ADDRESS	
CITY-ST-ZIP	Holly wood FL. 33020	CITY-ST-ZIP	
TITLE	Sec./Treasurer	TITLE	
NAME	Ida Jackson	NAME	
STREET ADDRESS	4330 N.W. 36 St. # 307	STREET ADDRESS	
CITY-ST-ZIP	Lauderdale Lakes, FL. 33319	CITY-ST-ZIP	
TITLE	Board member	TITLE	
NAME	Dethonia Harrison	NAME	
STREET ADDRESS	1523 S. 23 Ave	STREET ADDRESS	
CITY-ST-ZIP	Holly wood FL. 33020	CITY-ST-ZIP	
TITLE (T)	Board member "T"	TITLE	
NAME	Brian Power	NAME	
STREET ADDRESS	901 Hillcrest DR. BLDG 19 APT. 611	STREET ADDRESS	
CITY-ST-ZIP	Holly wood FL. 33020	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: Alexander Daniels 4/25/03 (954) 921-8306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #