

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90051 020 ****67.00

DOCUMENT # N02000009354

1. Entity Name

SAMUEL L. DANIELS MINISTRIES, INC.



Principal Place of Business

LIVING WORD OUTREACH
283 N.W. JEFFERSON ST.
LAKE CITY FL 32055

Mailing Address

RT 18 BOX 731-37
LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address

1728 S.W. Ironwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY FL

Zip

Country

Zip

Country

32025 Columbia



MOORE

CR2E037 (11/03)

4. FEI Number

13-4247616

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, SAMUEL L
RT 18 BOX 731-37
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name DANIELS, SAMUEL L.

Street Address (P.O. Box Number is Not Acceptable)

1728 S.W. Ironwood Dr.

City LAKE CITY

FL

Zip Code

32025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVD	<input type="checkbox"/> Delete
NAME	DANIELS, SAMUEL L	
STREET ADDRESS	RT. 18 BOX 731-37	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANIELS, DENISE A	
STREET ADDRESS	RT 18 BOX 731-37	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENSON, TYWANNA	
STREET ADDRESS	PO BOX 732	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, JOHNNIE MAE	
STREET ADDRESS	PO BOX 335	
CITY-ST-ZIP	CRESCENT CITY FL 32012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel L. Daniels SAMUEL L. DANIELS 4-19-04 904-755-6063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #