

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000009354  
 1. Entity Name  
**SAMMIE L. DANIELS MINISTRIES, INC.**



Principal Place of Business  
**LIVING WORD OUTREACH**  
**283 N.W. JEFFERSON ST.**  
**LAKE CITY, FL 32055**

Mailing Address  
**1728 SW IRONWOOD DR.**  
**LAKE CITY, FL 32025**



**DO NOT WRITE IN THIS SPACE**

03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**13-4247616**

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

6. Name and Address of Current Registered Agent

**DANIELS, SAMUEL L**  
**1728 SW IRONWOOD DR.**  
**LAKE CITY, FL 32025**

**DO NOT WRITE IN THIS SPACE**

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 *Sammie Lee Daniels* **SAMMIE LEE DANIELS** **4-11-05**  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

000000300201  
 04712/05-80010-020 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Sammie L. Daniels* **4-11-05** **1-386-755-6063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*SAMMIE LEE DANIELS*