

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90089 012 ****62.00

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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



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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
 1728 SW IRONWOOD DR.
 LAKE CITY FL 32025

(NOT SAMUEL)
 IT IS Sammie

7. Name and Address of New Registered Agent

Name Sammie Lee DANIELS

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, 2006

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 PVD Delete
 NAME DANIELS, SAMUEL L
 STREET ADDRESS RT. 18 BOX 731-37
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE VD Delete
 NAME DANIELS, DENISE A
 STREET ADDRESS RT 18 BOX 731-37
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE SD Delete
 NAME STEVENSON, TYWANNA
 STREET ADDRESS PO BOX 732
 CITY-ST-ZIP NEWBERRY FL 32669

TITLE T Delete
 NAME SIMMONS, JOHNNIE MAE
 STREET ADDRESS PO BOX 335
 CITY-ST-ZIP CRESCENT CITY FL 32012

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Lee Daniels Sammie Lee DANIELS 4-10-06 386-755-6063