

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009354

FILED  
Feb 29, 2008  
Secretary of State

Entity Name: SAMMIE L. DANIELS MINISTRIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1728 SW IRONWOOD DR.  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 13-4247616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DANIELS, SAMMIE L  
1728 SW IRONWOOD DR.  
LAKE CITY, FL 32025      US

**Name and Address of New Registered Agent:**

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:**

Title: PVD ( ) Delete  
Name: DANIELS, SAMMIE L  
Address: 1728 SW IRONWOOD DR.  
City-St-Zip: LAKE CITY, FL 32025

Title: VD ( ) Delete  
Name: DANIELS, DENISE A  
Address: 1728 SW IRONWOOD DR.  
City-St-Zip: LAKE CITY, FL 32025

Title: SD ( ) Delete  
Name: STEVENSON, TYWANNA  
Address: P.O. BOX 153  
City-St-Zip: MICANOPY, FL 32667

Title: T ( ) Delete  
Name: SIMMONS, JOHNNIE MAE  
Address: PO BOX 335  
City-St-Zip: CRESCENT CITY, FL 32012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: SAMMIE DANIELS

PVD

02/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date