

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 29, 2008
Secretary of State**

DOCUMENT# N02000009354

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