

**2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 02, 2014  
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 (X)

**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: SAMMIE L DANIELS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAMMIE L DANIELS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PVD

01/02/2014

\_\_\_\_\_  
Date