

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 036 ****61.25

DOCUMENT # **NO2000009354**

1. Entity Name
Samuel L. Daniels Ministries, Inc.



DO NOT WRITE IN THIS SPACE

10090915

2. Principal Place of Business
Living Word Outreach

3. Mailing Address
Rt. 18 box 731-37

Suite, Apt. #, etc.
283 N.W. Jefferson St.

Suite, Apt. #, etc.

City & State
Lake City, FL

City & State
Lake City, FL

4. FEI Number
13-4247616

Applied For
Not Applicable

Zip
32055

Country
Columbia

Zip
32025

Country
Columbia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Samuel L. Daniels

Street Address (P.O. Box Number is Not Acceptable)

Rt. 18 box 731-37

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
SAMUEL L. DANIELS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-03

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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.
NAME
Daniels, Samuel L
STREET ADDRESS
Rt. 18 box 731-37
CITY - ST - ZIP
Lake City, FL 32025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
VD.
NAME
Daniels, Denise A
STREET ADDRESS
Rt 18 box 731-37
CITY - ST - ZIP
Lake City, FL 32025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
SD
NAME
Stevenson, Tywana
STREET ADDRESS
P.O. box 732 Newberry
CITY - ST - ZIP
FL 32769

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
T.
NAME
Simmons, Johnnie Mae
STREET ADDRESS
P.O. box 335 Crescent City
CITY - ST - ZIP
FL 32012

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4-27-03 1-386-755-6063

CR2E037B (12/02)