

**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.
Ministries

DO NOT WRITE IN THIS SPACE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD Stevenson, Tywana
P.O. box 733 Newberry FL 32569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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: **[Signature]**

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

CR2E037B (12/02)