

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000195 (6)

1. Corporation Name

PAUL DANIELS MINISTRIES, INC.



Principal Place of Business

Mailing Address

1844 TRISTRAM  
LAKELAND FL 33813  
US1844 TRISTRAM  
LAKELAND FL 33813-2368

2. Principal Place of Business

21 5730 Southwind Dr

Suite, Apt. #, etc.

22

City &amp; State

23 Mulberry, FL

Zip

24 33860

Country

25 Polk

2a. Mailing Address

26 5730 Southwind Dr

Suite, Apt. #, etc.

27

City &amp; State

28 Mulberry, FL

Zip

29 33860

Country

30 Polk

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3293438

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

DANIELS, PAUL  
1844 TRISTRAM  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

Paul Daniels

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

5730 Southwind Dr

83

84 City

Mulberry

FL

85 Zip Code

33860

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Paul Daniels

(NOTE: Registered Agent signature required when reappointing)

DATE

4-14-97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DANIELS, PAUL	
STREET ADDRESS	1844 TRISTRAM	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FREEMAN, PAULA	
STREET ADDRESS	1844 TRISTRAM	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRAIG, JEANNETTE	
STREET ADDRESS	3907 APPELATE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniels, Paul
1.3 STREET ADDRESS	5730 Southwind Dr
1.4 CITY - ST - ZIP	Mulberry, FL 33860
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053114

CP2E037 (9/96)