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FLORIDA

COMMISSION ON ETHICS

JUL 02 2018

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**FORM 6X AMENDMENT TO FULL AND PUBLIC  
DISCLOSURE OF FINANCIAL INTERESTS**

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):  
DANIELS KIMBERLY MARVINA

MAILING ADDRESS:  
121 SCHOONER KEY PLACE

CITY: JACKSONVILLE ZIP: 32218 COUNTY: DUVAL

- ◆ THIS FORM AMENDS THE (Choose one)
  - FORM 6 I FILED FOR THE YEAR: 2017  
(Use a separate Form 6X for each Form 6 you are amending.)
  - FORM 6F I FILED FOR THE PERIOD  
January 1, \_\_\_\_\_ THROUGH \_\_\_\_\_  
(Must be between January 1 of the last year in which you held public office  
or employment and the last date you held that office or employment.)
- ◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE  
POSITION OF: STATE OF FLORIDA
- ◆ WITH THIS GOVERNMENTAL AGENCY: HOUSE OF  
REPRESENTATIVES, HOUSE DISTRICT 14

**PART A -- NET WORTH**

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of DECEMBER 31, 20 17 was \$ 485,040.40

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS** (Instructions on page 3):  
If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 350,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
SEE ATTACHED STATEMENT	\$987,010.68

**PART C -- LIABILITIES**

LIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED STATEMENT	\$851,970.28

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here:

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHED STATEMENT		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	AGAPE III, LLC	
ADDRESS OF BUSINESS ENTITY	9452 DEVONSHIRE BLVD	JACKSONVILLE, FL
PRINCIPAL BUSINESS ACTIVITY	DIRECT MARKETING	
POSITION HELD WITH ENTITY	OWNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	SOLE MEMBER LLC	

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**PART G — EXPLANATION OF CHANGES**

SEE ATTACHED SCHEDULE

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

STATE OF FLORIDA  
COUNTY OF Duval

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

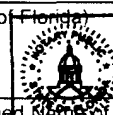
Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of JUNE, 2018 by Charlotte T. Jones

Charlotte T Jones  
(Signature of Notary Public--State of Florida)

#GG 146658

Exp: 10/21/21

(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known  OR Produced Identification



**CHARLOTTE T JONES**  
MY COMMISSION # GG146658  
EXPIRES October 21, 2021

[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced \_\_\_\_\_

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Will Haebek, prepared the CE Form 6X in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct

[Signature]  
Signature

06-27-2018  
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

**INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:**

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

**PART G:**

Use this section of the form to explain the changes in your original Form 6 or 6F.

**OATH:**

All information on this form should be submitted under oath

**WHERE TO FILE:**

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709, physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

**Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.**

<b>Deposit Accounts</b>	
BOA - [REDACTED] 96	\$8,604.49
BOA - [REDACTED] 86	\$25,527.69
BOA - [REDACTED] 59	\$68.50
<b>Total Deposit Accounts</b>	<b>\$34,200.68</b>

<b>Real Estate Holdings**</b>	
11881 Piccadilly, Davie, FL	\$952,810.00

**Total Assets Value**                      **\$987,010.68**

**\*\*Note -** The Reporter is a Reiligious Leader that has been ordained from an accredited source. In accordance with Internal Revenue Code 107, the Reporter (being deemed a Religious Leader) is provided a Parsonage (Housing) from Spoken Word Ministries. The Reporter holds bare legal title to such property for the benefit of the equitable owner, Spoken Word Ministries. Although not an asset of the Reporter, the Church property is being disclosed since there are public records which reflect such ownership.



## Attachment to Part D - Sources of Income

Source of Income	Address of Source of Income	Amount
Spoken Word Ministries - Pastoral Allowance	1445 Steele St Jacksonville, FL 32209	\$24,000.00
Spoken Word Ministries - Honorarium	1445 Steele St Jacksonville, FL 32209	\$25,000.00
Charisma Publications, Inc.	600 Rinehart Road Lake Mary, FL 32776	\$31,316.00
Kimberly Daniels Ministries International - Honorarium	1445 Steele St Jacksonville, FL 32209	\$2,500.00
State of Florida	200 E. Gaines St Tallahassee, FL 32399	\$27,387.00
	Totals	\$110,203.00

***Explanation of Changes as outlined in Part G***

The Reporter did not disclose in the initial filing her ownership of a Limited Liability Company (LLC). The LLC was a business venture that never had any activity and was subsequently dissolved in 2018.