


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02383
 1. Entity Name
DAY STAR WORD MINISTRIES, INCORPORATED



Principal Place of Business Mailing Address
 5609 B TIMUQUANA RD 5609 B TIMUQUANA RD
 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2442149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NAIL, LEROY H
 5609B TIMUQUANA RD
 JACKSONVILLE, FL 32210

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NAIL, L.H. SR 7053 EAGLES PERCH DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DYKES, DOYLE C 5609 B TIMUQUANA RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DYKES, AUBREY L 5609 B TIMQUANA RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000003024
 01/13/04-80038-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leroy H. Nail 1-9-2004 (907) 771-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #