


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 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

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number      Applied For  
**59-2442149**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

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

U00000508375  
 04/28/06-80003-007 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 - LEROY H. NAIL      4-7-06 (2043)      771-3463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #