

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2009
Secretary of State**

DOCUMENT# N02383

Entity Name: DAY STAR WORD MINISTRIES, INCORPORATED

Current Principal Place of Business:

5609 B TIMUQUANA RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

5609B TIMUQUANA RD
JACKSONVILLE, FL 32210

Current Mailing Address:

5609 B TIMUQUANA RD
JACKSONVILLE, FL 32210

New Mailing Address:

5609B TIMUQUANA RD
JACKSONVILLE, FL 32210

FEI Number: 59-2442149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIL, LEROY H
5609B TIMUQUANA RD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: NAIL, L.H. SR
Address: 5609 B TIMUDUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: DYKES, DOYLE C
Address: 5609 B TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: DYKES, RITA
Address: 5609 B TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: NAIL, L.H. SR
Address: 5609B TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD (X) Change () Addition
Name: DYKES, DOYLE C
Address: 5609B TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL

Title: VD (X) Change () Addition
Name: DYKES, RITA
Address: 5609B TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.H. NAIL, SR.

STD

03/30/2009

Electronic Signature of Signing Officer or Director

Date