

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02383

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC0559692505**

**Entity Name:** DAY STAR WORD MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

5609B TIMUQUANA RD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5609B TIMUQUANA RD  
JACKSONVILLE, FL 32210

**FEI Number:** 59-2442149

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           STD  
Name           NAIL, LEROY H. SR  
Address        5609B TIMUQUANA RD  
City-State-Zip: JACKSONVILLE FL 32210

Title           PD  
Name           DYKES, DOYLE C  
Address        5609B TIMUQUANA RD  
City-State-Zip: JACKSONVILLE FL 32210

Title           VD  
Name           DYKES, RITA  
Address        5609B TIMUQUANA RD  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby 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 all other like empowered.*

**SIGNATURE:** BONNIE NAIL

**AGENT**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date