

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005957**

1. Entity Name  
**DAILY WORD MINISTRIES, INC.**



Principal Place of Business  
**1341 COPELAND STREET  
LIVE OAK, FL 32064**

Mailing Address  
**1341 COPELAND STREET  
LIVE OAK, FL 32064**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3688875**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVIS, FRANK C  
1341 COPELAND STREET  
LIVE OAK, FL 32060**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
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  
**DP  
DAVIS, FRANK C  
1341 COPELAND STREET  
LIVE OAK, FL 32064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
DAVIS, AMANDA R  
1341 COPELAND STREET  
LIVE OAK, FL 32064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
DAVIS, LESLIE A  
1128 OCALA ROAD APT D-5  
TALLAHASSEE, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000071511  
03/01/04-80074-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 lines answered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/04**

Date

Daytime Phone # \_\_\_\_\_