


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	
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Principal Place of Business 5609 B TIMUQUANA RD JACKSONVILLE, FL 32210	Mailing Address 5609 B TIMUQUANA RD JACKSONVILLE, FL 32210
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01312006 No Chg-NP CR2E037 (11/05)

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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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-STATE-ZIP	STD NAIL, L.H. SR 7053 EAGLES PERCH DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DYKES, DOYLE C 5609 B TIMUQUANA RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD DYKES, AUBREY L 5609 B TIMUQUANA RD JACKSONVILLE, FL 32210
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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 SR. 4-7-06 771-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #