

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90043 003 ****61.25

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DOCUMENT # N02383 1. Entity Name DAY STAR WORD MINISTRIES, INCORPORATED					
Principal Place of Business 5609 B TIMUQUANA RD JACKSONVILLE, FL 32210			Mailing Address 5609 B TIMUQUANA RD JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2442149	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NAIL, LEROY H 5609B TIMUQUANA RD JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NAIL, L.H. SR. <input type="checkbox"/> Delete 7053 EAGLES PERCH DR JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NAIL, L.H. SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5609 B TIMUQUANA RD JACKSONVILLE FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DYKES, DOYLE C <input type="checkbox"/> Delete 5609 B TIMUQUANA RD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DYKES, RITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5609 B TIMUQUANA RD JACKSONVILLE FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DYKES, AUBREY L <input checked="" type="checkbox"/> Delete 5609 B TIMUQUANA RD JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: L.H. NAIL, SR.			Date: 3/24/08 Daytime Phone #: 904 771-3463		