

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001328 (4)

1. Corporation Name  
**DAYSTAR HOPE CENTER INC.**



Principal Place of Business Mailing Address  
P.O. BOX 5406 SPRING HILL FL 34606 P.O. BOX 5406 SPRING HILL FL 34606

3. Date Incorporated or Qualified **03/18/1993** 3a. Date of Last Report **02/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number	Applied For
<b>59-3179359</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BUETTNER, JOSEPH F  
12468 W. CORONADO DR.  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81	Name	<b>Fredrick, Larry</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>7 Red Bay Ct W</b>
83	City	<b>Homosassa, Florida</b>
84	City	<b>FL</b>
85	Zip Code	<b>34446</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Joseph F. Buettner* DATE: **5-9-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BIERWILER, FRANK</b>	
STREET ADDRESS	<b>4526 DELTONA BLVD.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUETTNER, JOSEPH F</b>	
STREET ADDRESS	<b>12468 W. CORONADO DR.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLEOD, DOROTHY L.</b>	
STREET ADDRESS	<b>8375 BRAGANZA ST.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHIMMELMANN, ROBERT H.</b>	
STREET ADDRESS	<b>3410 LAMBERT AVE.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KESSMAN, DAVID</b>	
STREET ADDRESS	<b>5030 PLUMOSA</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHEICH, DONALD</b>	
STREET ADDRESS	<b>10427 BEDFORD ROAD</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Fredrick, Larry</b>
2.3 STREET ADDRESS	<b>7 Red Bay Ct W</b>
2.4 CITY-ST-ZIP	<b>Homosassa, FL 34446</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>500001834025</b>
3.4 CITY-ST-ZIP	<b>-05/22/96--01021--081</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>***61.25</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Anderson, Kathleen</b>
5.3 STREET ADDRESS	<b>10455 S. Suncoast Blvd.</b>
5.4 CITY-ST-ZIP	<b>Homosassa, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kessman, Marcie</b>
6.3 STREET ADDRESS	<b>5030 Plumosa</b>
6.4 CITY-ST-ZIP	<b>Spring Hill, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Scheich* DATE: **4-9-96** (352) 596-3546

CR2E037 (12/95)