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 Mar 21 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000001328 (4)
 1. Corporation Name
 DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORID A

Principal Place of Business Mailing Address
 P.O. BOX 5406 SPRING HILL FL 34806 P.O. BOX 5406 SPRING HILL FL 34611-0406

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

3. Date Incorporated or Qualified 03/18/1993 3a. Date of Last Report 05/21/1996
 4. FEI Number 59-3179359 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 FREDERICK, LARRY
 7 REDBOY COURT WEST
 HOMOSASSA FL 34446

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BIERWILER, FRANK <input type="checkbox"/> DELETE	1.1 TITLE	D BOUGHERTY, FRANK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIERWILER, FRANK	1.2 NAME	BOUGHERTY, FRANK
STREET ADDRESS	4526 DELTONA BLVD.	1.3 STREET ADDRESS	9290 FOX HOLLOW LANE
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	BROOKSVILLE, 34613
TITLE	V FREDRICK, LARRY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICK, LARRY	2.2 NAME	
STREET ADDRESS	7 RED BAY CT. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	2.4 CITY-ST-ZIP	
TITLE	S MCLEOD, DOROTHY L. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, DOROTHY L.	3.2 NAME	
STREET ADDRESS	8375 BRAGANZA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	D SCHIMMELMANN, ROBERT H. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMMELMANN, ROBERT H.	4.2 NAME	
STREET ADDRESS	3410 LAMBERT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	D ANDERSON, KATHLEEN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KATHLEEN	5.2 NAME	
STREET ADDRESS	10455 S. SUNCOAST BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	D KESSMAN, MARCIE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSMAN, MARCIE	6.2 NAME	
STREET ADDRESS	5030 PLUMOSA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FRANK BIERWILER Frank Bierwiler (352) 596-3546
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-18-97 Daytime Phone # 0066565

CR2E037 (9/96)