

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90017 042 ****61.25

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

DOCUMENT # N93000001328 1. Entity Name DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORIDA		
Principal Place of Business P.O. BOX 5406 SPRING HILL, FL 34606		Mailing Address P.O. BOX 5406 SPRING HILL, FL 34606
2. Principal Place of Business Suite, Apt #, etc. _____		3. Mailing Address Suite, Apt #, etc. _____
City & State _____		City & State _____
Zip _____	Country _____	Zip _____ Country _____
4. FEI Number 59-3179359		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOSS, WILLIAM 642 B WEDGEWOOD CT. SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name FRANK BIERWILER Street Address (P.O. Box Number is Not Acceptable) 1162 TYLER AVE. SPRING HILL City _____ State FL Zip Code 34606
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: <u><i>Frank Bierwiler</i></u> DATE: 03-08-04 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME BIERWILER, FRANK STREET ADDRESS 4626 DELTONA BLVD. CITY-ST-ZIP SPRING HILL, FL	<input type="checkbox"/> Delete	TITLE FRANK BIERWILER PD NAME STREET ADDRESS 1162 Tyler Ave. CITY-ST-ZIP SPRING HILL, FL 34606
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME GOSS, ELEANOR STREET ADDRESS 6428 WEDGEWOOD COURT CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	TITLE DON MISENER D NAME STREET ADDRESS 1361 Leeward Ave. CITY-ST-ZIP SPRING HILL, FL 34606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete	TITLE Kelly Misener D NAME STREET ADDRESS 1361 Leeward Ave. CITY-ST-ZIP SPRING HILL, FL 34606
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	TITLE MAUREEN BIERWILER D NAME STREET ADDRESS 1162 Tyler Ave. CITY-ST-ZIP SPRING HILL, FL 34606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete	TITLE Scott Bierwiler D NAME STREET ADDRESS 7483 WINTER STREET CITY-ST-ZIP BROOKSVILLE, FL 34613
<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 9.07(3)(c), 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: <u><i>Frank Bierwiler</i></u> DATE: 03-08-04 PHONE: 352-683-3014 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TIME/PHONE #</small>		FRANK BIERWILER

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03032004 Chg-NP CR2E037 (10/03)