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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000000622 (0)**
1. Corporation Name
DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.

Principal Place of Business Mailing Address
14009 7TH ST. 14009 7TH ST.
DADE CITY, FL 33525 DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/21/1994

4. FEI Number Applied For
59-3223358 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28
Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**WILXMAN, SISTER H O.P.
14009 7TH ST.
DADE CITY FL 33525**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
P
1.2 NAME **Sister Helen Wilxman**
1.3 STREET ADDRESS **37527 Orange Valley Lane**
1.4 CITY-ST-ZIP **Dade City, FL 33525**

2.1 TITLE Change Addition
V
2.2 NAME **John Adornetto**
2.3 STREET ADDRESS **11205 Bluebird Dr.**
2.4 CITY-ST-ZIP **Dade City, FL 33525**

3.1 TITLE Change Addition
Tr
3.2 NAME **Donna Hull**
3.3 STREET ADDRESS **39301 Wilds Rd.**
3.4 CITY-ST-ZIP **Dade City, FL 33525**

4.1 TITLE Change Addition
S/T
4.2 NAME **Carmalita Mansfield**
4.3 STREET ADDRESS **13728 3rd St. Dade City, 33525**
4.4 CITY-ST-ZIP **Dade City, FL 33525**

5.1 TITLE Change Addition
T
5.2 NAME **John Michaud**
5.3 STREET ADDRESS **11224 Redbird St.**
5.4 CITY-ST-ZIP **Dade City, FL 33525**

6.1 TITLE Change Addition
89 1/25

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sister Helen Wilxman* Sister Helen Wilxman 1/13/95 904-523-0844