

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996

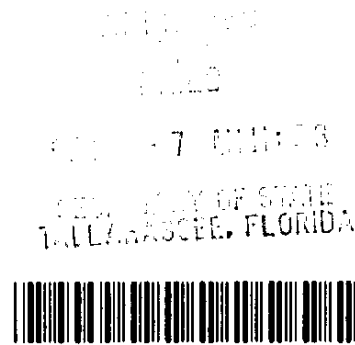


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000622 (0)**

1. Corporation Name

DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.



Principal Place of Business

**14009 7TH ST.
DADE CITY FL 33525**

Mailing Address

**14009 7TH ST.
DADE CITY FL 33525**

36153 Clinton Ave.

36153 Clinton Ave.

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3223358

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

10. Name and Address of New Registered Agent

**WILXMAN, SISTER H O.P.
14009 7TH ST.
DADE CITY FL 33525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

36153 Clinton Ave.

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P WILXMAN, SISTER HELEN**
STREET ADDRESS **37527 ORANGE VALLEY LN**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ DELETE
NAME **V ADORNETTO, JOHN**
STREET ADDRESS **11205 BLUEBIRD DR**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ DELETE
NAME **TR HULL, DONNA**
STREET ADDRESS **39301 WILDS RD**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ DELETE
NAME **ST MANSFIELD, CARMALITA**
STREET ADDRESS **13728 3RD ST**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ DELETE
NAME **T MICHAUD, JOHN**
STREET ADDRESS **11224 REDBIRD ST**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

11205 Redbird Dr.
-02/08/96- ☐ Change ☐ Addition
*****61.25 *****61.25

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 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:

Sister Helen Wilxman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sister Helen Wilxman 1/23/96 523-0844

Date

Daytime Phone #

CR2E037 (12/95)