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Feb 05 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 # N94000000622 (0)

1. Corporation Name

DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.



Principal Place of Business

Mailing Address

36153 CLINTON AVE.  
DADE CITY FL 33525

36153 CLINTON AVE.  
DADE CITY FL 33525-8434

3. Date Incorporated or Qualified  
02/21/1994

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 15512 Hwy 301

26 15512 Hwy 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Dade City, FL

28 Dade City, FL

Zip

Country

Zip

Country

24 33523

25 Pasco

29 33523

30 Pasco

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  
Wilxman, Sister Helen

82 Street Address (P.O. Box Number is Not Acceptable)  
15512 Hwy 301

83

84 City  
Dade City, FL

FL

85 Zip Code  
33523

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 *Sister Helen Wilxman*

Sister Helen Wilxman

1/29/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME ADORNETTO, JOHN  
STREET ADDRESS 11205 REDBIRD DR.  
CITY-ST-ZIP DADE CITY FL 33525

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

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

Sister Helen Wilxman

1/29/97

352 523 0844  
Daytime Phone # 0045608

CR2E037 (9/96)