

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90057 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000622

1. Corporation Name

DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

15512 HWY 301
DADE CITY FL 33523
US

15512 HWY 301
DADE CITY FL 33523
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3223358

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILXMAN, SISTER HELEN
15512 HWY 301
DADE CITY FL 33523

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

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

TITLE V DELETE

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

2.1 TITLE Change Addition

TITLE TR DELETE

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

3.1 TITLE Change Addition

TITLE ST DELETE

NAME MANSFIELD, CARMALITA
STREET ADDRESS 13728 2ND ST
CITY-ST-ZIP DADE CITY FL 33525

4.1 TITLE Change Addition

TITLE TR DELETE

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

5.1 TITLE Change Addition

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 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (11/98)