


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90006 010 \*\*\*\*61.25

**DOCUMENT # N94000000622**  
1. Entity Name  
**DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.**



Principal Place of Business      Mailing Address  
15512 HWY 301      15512 HWY 301  
DADE CITY FL 33523      DADE CITY FL 33523  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**WILXMAN, SISTER HELEN**  
15512 HWY 301  
DADE CITY FL 33523

4. FEI Number      Applied For  
**59-3223358**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

**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 Sister Helen Wilxman  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	T WILXMAN, SISTER HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	37527 ORANGE VALLEY LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE NAME	T ADORNETTO, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	11205 REDBIRD DR.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE NAME	T MANSFIELD, CARMALITA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	19728 2ND ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE NAME	T MICHAUD, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	11224 REDBIRD ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE NAME	T TEDDER, LORRAINE	<input type="checkbox"/> Delete
STREET ADDRESS	36304 SHADY OAKS DRIVE	
CITY-ST-ZIP	DADE CITY FL 33535	
TITLE NAME	T WIRTH, ISABEL	<input type="checkbox"/> Delete
STREET ADDRESS	11109 PALAMINO DR.	
CITY-ST-ZIP	DADE CITY, FL 33525	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Sorry - see block 10 below	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

**12.** 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 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:** Sister Helen Wilxman      Sister Helen Wilxman      1-21-04      352-523-0844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #