


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 24, 2005 8:00 am
Secretary of State

04-22-2005 90264 017 ****61.25

DOCUMENT # N94000000622			
1. Entity Name DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.			
Principal Place of Business 15512 HWY 301 DADE CITY, FL 33523 US		Mailing Address 15512 HWY 301 DADE CITY, FL 33523 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04182005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3223358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILXMAN, SISTER HELEN 15512 HWY 301 DADE CITY, FL 33523		Name Sister Jean Abbott Street Address (P.O. Box Number is Not Acceptable) 15512 HWY 301 City Dade City, FL Zip Code 33523	
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 <u>Sister Jean Abbott</u>		DATE <u>4/19/05</u>	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILXMAN, SISTER HELEN 37527 ORANGE VALLEY LN DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sister Jean Abbott 33201 SR 52 St. Leo, FL 33574 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ADORNETTO, JOHN 11205 REDBIRD DR. DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER MICHAUD, JOHN 11224 REDBIRD ST DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR TEDDER, LORRAINE 36304 SHADY OAKS DRIVE DADE CITY, FL 33535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Wirth, Isabel 11109 Palamino Dr. Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director McClellan, Leonard 11344 US Hwy 98 Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Jean Abbott, CSR</u>		DATE: <u>4/19/05</u> 352-523-0844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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