

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000622

FILED
Apr 20, 2006
Secretary of State

Entity Name: DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.

Current Principal Place of Business:

15512 HWY 301
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

15512 HWY 301
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-3223358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, SISTER JEAN
15512 HWY 301
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABBOTT, SISTER JEAN
Address: 33201 SR 52
City-St-Zip: SAINT LEO, FL 33574

Title: T () Delete
Name: ADORNETTO, JOHN
Address: 11205 REDBIRD DR.
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: MICHAUD, JOHN
Address: 11224 REDBIRD ST
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: TEDDER, LORRAINE
Address: 36304 SHADY OAKS DRIVE
City-St-Zip: DADE CITY, FL 33535

Title: D () Delete
Name: WIRTH, ISABEL
Address: 11109 PALAMINO DR
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: MCCLELLAN, LEONARD
Address: 11344 US HWY 98
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SISTER JEAN ABBOTT

P

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date