


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90180 037 ****61.25

DOCUMENT # N9400000622					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04162007 Chg-NP CR2E037 (12/06)	
Zip		Country		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	
ABBOTT, SISTER JEAN 15512 HWY 301 DADE CITY, FL 33523				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007			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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, SISTER JEAN			NAME	
STREET ADDRESS	33201 SR 52			STREET ADDRESS	
CITY-ST-ZIP	SAINT LEO, FL 33574			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADORNETTO, JOHN			NAME	
STREET ADDRESS	11205 REDBIRD DR.			STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33525			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, JOHN			NAME	
STREET ADDRESS	11224 REDBIRD ST			STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33525			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	DIRECTOR/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDDER, LORRAINE			NAME	
STREET ADDRESS	36304 SHADY OAKS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33535			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRTH, ISABEL			NAME	
STREET ADDRESS	11109 PALAMINO DR			STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33525			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, LEONARD			NAME	
STREET ADDRESS	11344 US HWY 98			STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33525			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Sister Jean Abbott</u>			Date: <u>4/15/07</u>		Daytime Phone #: <u>352-523-0844</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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