

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 07, 2008  
Secretary of State

DOCUMENT# N94000000622

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

Title: DS ( ) 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  
Name:  
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 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

03/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date