

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90253 001 ****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**

10020030



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

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

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

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

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 DATE 2-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	T	<input type="checkbox"/> Delete
NAME	WILXMAN, SISTER HELEN	
STREET ADDRESS	37527 ORANGE VALLEY LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADORNETTO, JOHN	
STREET ADDRESS	11205 REDBIRD DR.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANSFIELD, CARMALITA	
STREET ADDRESS	13728 2ND ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHAUD, JOHN	
STREET ADDRESS	11224 REDBIRD ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	T	<input type="checkbox"/> Delete
NAME	TEDDER, THERESA <i>should be Lorraine</i>	
STREET ADDRESS	36304 SHADY OAKS DRIVE	
CITY-ST-ZIP	DADE CITY FL 33535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 DATE 2-7-03 PHONE 352-523-0844

CR2E037 (10/02)