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3-15-95 @ 2185-XC

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95 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004281 (1)

1. Corporation Name
DAYSTAR LIFE CENTER, INC.

Principal Place of Business Mailing Address
226 6TH ST S 226 6TH ST S
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1994
3a. Date of Last Report N/E/W
4. FEI Number 665-0523539
Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status 61-25 \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTHLE, RUTH
226 6TH ST S
ST PETERSBURG FL 33701

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRATTAN, WILLIAM
STREET ADDRESS	1200 FRIENDLY WAY S
CITY-ST-ZIP	ST PETERSBURG FL 33705
TITLE	SD
NAME	VENEZIA, MARY
STREET ADDRESS	1235 CORDOVA BLVD NE
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	TD
NAME	MCMANUS, RICHARD
STREET ADDRESS	6132 LEELAND ST S
CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	D
NAME	SCHOEN, WILLIAM
STREET ADDRESS	7642 17TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	D
NAME	BURNS, KAREN
STREET ADDRESS	1200 7TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	HAMPEL, RAYMOND
STREET ADDRESS	12205 GULF BLVD
CITY-ST-ZIP	TREASURE ISLAND FL 33708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TONI SMITH
1.3 STREET ADDRESS	10300 PARADISE BLVD
1.4 CITY-ST-ZIP	TREASURE IS. FL 33706
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID M. HOUSER
2.3 STREET ADDRESS	6372 PALMA DEL MAR #703
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BASIL WEEDON
3.3 STREET ADDRESS	428 - 13th ST. E. #301
3.4 CITY-ST-ZIP	MARIE VERDE FL. 33715
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REV. DERNADINE SMITH
4.3 STREET ADDRESS	PO. ST. MARY'S CHURCH
4.4 CITY-ST-ZIP	515 4th St. So ST PETERSBURG FL 33701
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.B. McManus - R.B. McManus - TREAS. 3-9-95

3-9-95

818-625-0442