

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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  
ST PETERSBURG FL 33701

226 6TH ST S  
ST PETERSBURG FL 33701

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

03/15/1995

4. FEI Number

65-0523539

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

Signature of the Registered Agent (if not the corporation)

Signature of the Registered Agent (signature required even if not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	GRATTAN, WILLIAM	
12.3 STREET ADDRESS	1200 FRIENDLY WAY S	
12.4 CITY, ST, ZIP	ST PETERSBURG FL 33705	
12.5 TITLE	SD	<input type="checkbox"/> DELETE
12.6 NAME	VENEZIA, MARY	
12.7 STREET ADDRESS	1235 CORDOVA BLVD NE	
12.8 CITY, ST, ZIP	ST PETERSBURG FL 33704	
12.9 TITLE	TD	<input type="checkbox"/> DELETE
12.10 NAME	MCMANUS, RICHARD	
12.11 STREET ADDRESS	6132 LEELAND ST S	
12.12 CITY, ST, ZIP	ST PETERSBURG FL 33715	
12.13 TITLE	D	<input type="checkbox"/> DELETE
12.14 NAME	SCHOEN, WILLIAM	
12.15 STREET ADDRESS	7642 17TH AVE N	
12.16 CITY, ST, ZIP	ST PETERSBURG FL 33710	
12.17 TITLE	D	<input type="checkbox"/> DELETE
12.18 NAME	BURNS, KAREN	
12.19 STREET ADDRESS	1200 7TH AVE N	
12.20 CITY, ST, ZIP	ST PETERSBURG FL	
12.21 TITLE	D	<input type="checkbox"/> DELETE
12.22 NAME	HAMPEL, RAYMOND	
12.23 STREET ADDRESS	12205 GULF BLVD	
12.24 CITY, ST, ZIP	TREASURE ISLAND FL 33706	

13.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	BAC WEEBON	
13.3 STREET ADDRESS	128 13TH ST E	
13.4 CITY, ST, ZIP	TERRAVERDE, FL 33755	
13.5 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME	FL BERNARDINE SMITH	
13.7 STREET ADDRESS	610 ST MARCUS CHURCH	
13.8 CITY, ST, ZIP	ST PETERSBURG, FL 33701	
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

89-360-5111

CR2E037 (12/95)