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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004281

1. Corporation Name
DAYSTAR LIFE CENTER, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/29/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0523539
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
XXXXXXXXXX SISTER ROSEMARIE INFINITO 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 617.0502 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXX GRATTAN WILLIAM	1.2 NAME	WEEDON BASIL
STREET ADDRESS	P O BOX 2206	1.3 STREET ADDRESS	128 SANDS POINT DRIVE
CITY-ST-ZIP	CASHEIRS NC 28717	1.4 CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIA, MARY	2.2 NAME	HARREN ROBERT
STREET ADDRESS	1235 CORDOVA BLVD NE	2.3 STREET ADDRESS	6000 SHORE BLVD., APT 800
CITY-ST-ZIP	ST PETERSBURG FL 33704	2.4 CITY-ST-ZIP	GULFPORT FL 33707
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXX MCMANUS, RICHARD	3.2 NAME	BERNS GLENN
STREET ADDRESS	6132 LEE LAND ST S	3.3 STREET ADDRESS	3611 CASABLANCA AVE
CITY-ST-ZIP	ST PETERSBURG FL 33715	3.4 CITY-ST-ZIP	ST. PETE BEACH 33706
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SCHOEN, WILLIAM	4.2 NAME	PD KORTH KEVIN
STREET ADDRESS	7642 17TH AVE N	4.3 STREET ADDRESS	340 62ND AVENUE N.E.
CITY-ST-ZIP	ST PETERSBURG FL 33710	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOHN, WEIR	5.2 NAME	PD O'HALLORAN WILLIAM
STREET ADDRESS	6640 GULF BLVD	5.3 STREET ADDRESS	5817 B LYNN LAKE DRIVE
CITY-ST-ZIP	ST PETE BCH FL 33706	5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HEMPEL, RAYMOND	6.2 NAME	SISTER BARTHE RUTH
STREET ADDRESS	12205 GULF BLVD	6.3 STREET ADDRESS	1530A STONE CREEK LANE
CITY-ST-ZIP	TREASURE ISLAND FL 33706	6.4 CITY-ST-ZIP	TAMPA FL. 33613-1253

14. 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 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, with all other like empowered.

SIGNATURE: BASIL J. WEEDON DATE: 1/21/99 DAYTIME PHONE #: 727-867-7188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)