


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90286 026 ****70.00

DOCUMENT # N94000004281

1. Entity 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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0523539** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~INFINITO, ROSE MARIE SR
226 6TH ST S
ST PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name JANE WALKER

Street Address (P.O. Box Number is Not Acceptable)
226 - Sixth Street South

City St. Petersburg FL Zip Code 33701

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 Jane Walker Jane Walker Executive Director DATE

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	D <input type="checkbox"/> Delete
NAME	VENEZIA, MARY
STREET ADDRESS	1235 CORDOVA BLVD NE
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	PB <input type="checkbox"/> Delete
NAME	MCMANUS, RICHARD
STREET ADDRESS	6132 LEELAND ST S
CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	SD <input type="checkbox"/> Delete
NAME	SCHOEN, WILLIAM
STREET ADDRESS	7642 17TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> Delete
NAME	HEMPEL, RAYMOND
STREET ADDRESS	12205 GULF BLVD
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	JOHN, GALIGHER
STREET ADDRESS	6397 CAPE HATTERAS WAY NE
CITY-ST-ZIP	SAINT PETERSBURG FL 33702
TITLE	D <input type="checkbox"/> Delete
NAME	OZ, SCOGNA
STREET ADDRESS	5301 121TH AVE S
CITY-ST-ZIP	SAINT PETERSBURG FL 33707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William O'Halloran P
STREET ADDRESS	3357 38th Street South Unit B
CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, Richard V
STREET ADDRESS	6132 Leeland Street So
CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BOYNE
STREET ADDRESS	6217 Fairway Bay Blvd
CITY-ST-ZIP	Gulfport, FL 33707
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZ SCOGNA
STREET ADDRESS	5301 113 FIRST ST E (D)
CITY-ST-ZIP	ST. PETERSBURG, FL 33715

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: William A. Schoen **WILLIAM A. SCHOEN, Secretary** 4/21/03

CR2E037 (10/02)