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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005123

I. Corporation Name

THE DAY STAR MISSION, INC.

Principal Place of Business 9931 OLD CCEAN CITY BLVD. BERLIN MD 21811-1141

2. Principal Place of Business

Mailing Address

2a. Mailing Address

9931 OLD OCEAN CITY ELVD. BERLIN MD 21811-1141

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90285 045 ****70.00



3. Date Incorporated or Qualifed 10/14/1994

31		120							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 65-0529411		├	olied For Applicable
City & State	9	City & State				5. Certificate of Status Desired	\mathbf{X}^{-}	\$8.75 A	
23		28 Zio	Cour	ates.		S. El-alia Garania Financia		\$5.00	
Zip □				Country		6. Election Campaign Financing Trust Fund Contribution		Added to	
4 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Kedistelen våelit		81	Name	TO. Halle and Flagross of Herrita	9.0.0.0.		*
DIPASQUALE, ERNEST J					Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
4465 NW 65TH ST									
COCONUT CREEK FL 33073									
			•	84	City			85 Zip C	ode
	to the provisions of Sections 617.0502				·		<u>F</u> L	<u> </u>	
office crn	to the provisions of Sections of 1,000 a gistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a familiar	r Florida. Such change was ons of, Section 617.0503, F	Florida Statu	by intes.	ne corporation	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	IS IN 12
TITLE	PDT	☐ DELETE	1.1 TIT	LE				☐ Change	Addition
NAME	DIPASQUALE, CRAIG J		1.2 NA	ME	- 1				
STREET ADORESS	9931 OLD OCEAN CITY BLVD.		1.3 ST	REET A	ADORESS				
	BERLIN MD 21811				i				
TITLE	VPTD				CITY-ST-ZIP			Change	Addition
	DIPASQUALE, PATRICIA		2.2 NA						
NAME	ASSA OLD COTAN OTTY DIVID		i i		ADDRESS				
STREET ADORESS	BERLIN MD 21811								
CITY-ST-ZIP	SD SD	DELETE	2.4 CF		·ZIP			[] Change	Addition
TITLE			3.1 MA		ļ				1
NAME	DIPASQUALE, EMILY								
STREET ADDRESS	9931 OLD OCEAN CITY BLVD.				ADDRESS				
CITY-ST-ZIP	BERLIN MD 21811	רון מרו דייר	3,4, C1		-ZIP			Change	[] Addition
TITLE		☐ DELETE	4.1 TiT					5.16.195	L
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI		ZIP			[7] Observe	- Addition
TITLE		☐ D€LETE	5.1 TIT					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REETA	ADDRESS)				
CITY-ST-ZIP			5.4 CfT		ZtP				
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDF:ESS			6.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	ry-st-	-ZIP				
2.7.7.01-21		10 2 50: 1 1 20:5			-4-1-d i- C	ention 110 (7/3)/i) Elorido Statutos 1	further or	differ that the in	formation

I here by 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 nature 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

LAS GO AT USE REQUIRED IN TURE AND TYPED OR PRUTED NAME OF SIGNING PARKER OR DIRECTOR

24/e 4/9/65 10629-106

3R2E037 (11/98)