


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003264 (7)
1. Corporation Name
DAYSTAR MINISTRIES OF FT. LAUDERDALE, INCORPORATED



Principal Place of Business 1805 NW 7TH TERRACE FT LAUDERDALE FL 33311	Mailing Address 1805 NW 7TH TERRACE FT LAUDERDALE FL 33311-5533
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/10/1995	3a. Date of Last Report 04/01/1996
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4. FEI Number 65-0578489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MITCHELL, SANDRA A
1605 NW 7TH TERRACE
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MITCHELL, ERNEST M		1.2 NAME PHILLIP, METASON	
STREET ADDRESS 1605 NW 7TH TERRACE		1.3 STREET ADDRESS 465 NW 18TH COURT	
CITY-ST-ZIP FT LAUDERDALE FL 33311		1.4 CITY-ST-ZIP POMPANO BEACH FL 33060	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MITCHELL, SANDRA A		2.2 NAME MARCIAL, STANLEY	
STREET ADDRESS 1805 NW 7TH TERRACE		2.3 STREET ADDRESS 275 E 43TH STREET	
CITY-ST-ZIP FT LAUDERDALE FL 33311		2.4 CITY-ST-ZIP BROOKLYN, N.Y. 11203	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERGUSON, NOEL W		3.2 NAME FREEMAN, LARRIER	
STREET ADDRESS 2113 NW 55TH WAY		3.3 STREET ADDRESS BROWNES GAP, SARGEANT'S VLG.	
CITY-ST-ZIP LAUDERHILL FL 33313		3.4 CITY-ST-ZIP CHRIST CHURCH, BARBADOS W.I.	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AARON, ERIC		4.2 NAME	
STREET ADDRESS 2740 SOMERSET DR, U100		4.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33311		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra Mitchell Pres.* **03-24-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0034514**

CR2E037 (9/96)