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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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3. Date Incorporated or Qualified 07/10/1995		
4. FEI Number 65-0578489	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.		
23. City & State	27. City & State		
24. Zip	25. Country	28. Zip	30. Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MITCHELL, SANDRA A
1805 NW 7TH TERRACE
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 Sandra Mitchell DATE 4-20-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, ERNEST M
STREET ADDRESS	1805 NW 7TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, SANDRA A
STREET ADDRESS	1805 NW 7TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> DELETE
NAME	FERGUSON, NOEL W
STREET ADDRESS	2113 NW 55TH WAY
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLIP, METASON
STREET ADDRESS	465 NW 18TH CT
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARCIAL, STANLEY
STREET ADDRESS	275 E 43TH ST
CITY-ST-ZIP	BROOKLYN NY
TITLE	D <input type="checkbox"/> DELETE
NAME	FREEMAN, LARRIER
STREET ADDRESS	BROWNES GAP, SARGEANT'S VLG. CHRIST CHURCH
CITY-ST-ZIP	BARBADOS WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Sandra Mitchell **CR2E037 (10/97)**