

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000000654 (2)**

1. Corporation Name  
**DAYSTAR MINISTRIES, INC.**



Principal Place of Business: **1160 S. SEMORAN BLVD. SUITE A ORLANDO FL 32807**  
 Mailing Address: **1160 S. SEMORAN BLVD. SUITE A ORLANDO FL 32807**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1992</b>	3a. Date of Last Report <b>09/13/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3169814</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>ROOKS, MARVIN E 500 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINKOUS, LARRY W</b>	1.2 NAME	<b>D Mindy Linkous</b>
STREET ADDRESS	<b>1160 S. SEMORAN BLVD. STE A</b>	1.3 STREET ADDRESS	<b>1160 S. Semoran Blvd Ste A</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINKOUS, SANDRA JUANITA</b>	2.2 NAME	
STREET ADDRESS	<b>1160 S. SEMORAN BLVD. SUITE A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINKOUS, JASON MALCOLM</b>	3.2 NAME	
STREET ADDRESS	<b>1403 INDIAN RIVER AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLOWAY, FAY</b>	4.2 NAME	
STREET ADDRESS	<b>1738 PAM CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jason Linkous VP 7/31/96 407.380.9255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)