

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000740

**Entity Name:** DAYSTAR MIRACLE CRUSADE MINISTRIES, INC.

**Current Principal Place of Business:**

972 HALLANDALE BEACH BOULEVARD  
HALLANDALE, FL 33009

**Current Mailing Address:**

972 HALLANDALE BEACH BOULEVARD  
HALLANDALE, FL 33009 US

**FEI Number:** 46-4617376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUSSELL, NEIL B  
1250 NW 105TH AVENUE  
PLANTATION, FL 33322 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                                   |                 |                                   |
|-----------------|-----------------------------------|-----------------|-----------------------------------|
| Title           | P                                 | Title           | VP                                |
| Name            | MARSHALL, FRED                    | Name            | MARSHALL, CAROLYN                 |
| Address         | 972 HALLANDALE BEACH<br>BOULEVARD | Address         | 972 HALLANDALE BEACH<br>BOULEVARD |
| City-State-Zip: | HALLANDALE FL 33009               | City-State-Zip: | HALLANDALE FL 33009               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRED MARSHALL

**OFFICER**

**06/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date