

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

DOCUMENT# N94000000622

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC6805703321**

**Entity Name:** DAYSTAR HOPE CENTER OF PASCO COUNTY, INC.

**Current Principal Place of Business:**

15512 HWY 301  
DADE CITY, FL 33523

**Current Mailing Address:**

15512 HWY 301  
DADE CITY, FL 33523 US

**FEI Number: 59-3223358**

**Certificate of Status Desired: Yes**

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

ABBOTT, SISTER JEAN  
15512 HWY 301  
DADE CITY, FL 33523 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  
Name ABBOTT, SISTER JEAN  
Address 15512 HWY 301  
City-State-Zip: DADE CITY FL 33523

Title DS  
Name TEDDER, LORRAINE  
Address 36304 SHADY OAKS DRIVE  
City-State-Zip: DADE CITY FL 33535

Title T  
Name WIRTH, ISABEL  
Address 11109 PALAMINO DR  
City-State-Zip: DADE CITY FL 33525

Title D  
Name DENIS, ROGER  
Address 11046 PELICAN DR.  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name CUSEO, ROBIN  
Address 11121 BLUEBIRD DR.  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name RICE, GERRY  
Address 15512 HWY 301  
City-State-Zip: DADE CITY FL 33523

*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: SISTER JEAN ABBOTT**

**PRESIDENT**

**03/06/2015**

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

\_\_\_\_\_  
Date