

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000622

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

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

Title	SECRETARY, DIRECTOR
Name	JOHNSON, KRISTINE
Address	15521 US HWY 301
City-State-Zip:	DADE CITY FL 33523

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

Title	DIRECTOR
Name	ABBOTT, JEAN
Address	PO BOX 2450
City-State-Zip:	SAINT LEO FL 33574

Title	DIRECTOR
Name	SCHMIRLER, ROBERT
Address	15512 US 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**DIRECTOR****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date