

**2017 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: No**

**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: JEAN ABBOTT**

**DIRECTOR**

**03/12/2017**

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

\_\_\_\_\_  
Date