

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001328 (4)**

1. Corporation Name
DAYSTAR HOPE CENTER INC.



Principal Place of Business Mailing Address
P.O. BOX 5406 SPRING HILL FL 34606 P.O. BOX 5406 SPRING HILL FL 34606

3. Date Incorporated or Qualified **03/18/1993** 3a. Date of Last Report **02/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number	Applied For
59-3179359	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUETTNER, JOSEPH F
12468 W. CORONADO DR.
SPRING HILL FL 34609**

81	Name	Fredrick, Larry
82	Street Address (P.O. Box Number is Not Acceptable)	7 Red Bay Ct W
83	City	Homosassa, Florida
84	City	FL
85	Zip Code	34446

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joseph F. Buettner* DATE: **5-9-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BIERWILER, FRANK	
STREET ADDRESS	4526 DELTONA BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUETTNER, JOSEPH F	
STREET ADDRESS	12468 W. CORONADO DR.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCLEOD, DOROTHY L.	
STREET ADDRESS	8375 BRAGANZA ST.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIMMELMANN, ROBERT H.	
STREET ADDRESS	3410 LAMBERT AVE.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KESSMAN, DAVID	
STREET ADDRESS	5030 PLUMOSA	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEICH, DONALD	
STREET ADDRESS	10427 BEDFORD ROAD	
CITY-ST-ZIP	SPRING HILL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fredrick, Larry
2.3 STREET ADDRESS	7 Red Bay Ct W
2.4 CITY-ST-ZIP	Homosassa, FL 34446
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	500001834025
3.4 CITY-ST-ZIP	-05/22/96--01021--081
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	***61.25
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anderson, Kathleen
5.3 STREET ADDRESS	10455 S. Suncoast Blvd.
5.4 CITY-ST-ZIP	Homosassa, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kessman, Marcie
6.3 STREET ADDRESS	5030 Plumosa
6.4 CITY-ST-ZIP	Spring Hill, FL

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: *Donald Scheich* DATE: **4-9-96** (352) 596-3546

CR2E037 (12/95)