

321 97 B-3447 C  
FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001328 (4)**  
1. Corporation Name  
**DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORID  
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Principal Place of Business	Mailing Address
P.O. BOX 5406 SPRING HILL FL 34806	P.O. BOX 5406 SPRING HILL FL 34611-0406

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/18/1993</b>	3a. Date of Last Report <b>05/21/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3179359</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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	
FREDERICK, LARRY 7 REDBOY COURT WEST HOMOSASSA FL 34446		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BIERWILER, FRANK <input type="checkbox"/> DELETE	1.1 TITLE	D BOUGHERTY, FRANK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4526 DELTONA BLVD.	1.2 NAME	9290 FOX HOLLOW LANE
STREET ADDRESS	SPRING HILL FL	1.3 STREET ADDRESS	BROOKSVILLE, 34613
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V FREDRICK, LARRY <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	7 RED BAY CT. W.	2.2 NAME	
STREET ADDRESS	HOMOSASSA FL 34446	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S MCLEOD, DOROTHY L. <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	8375 BRAGANZA ST.	3.2 NAME	
STREET ADDRESS	SPRING HILL FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SCHIMMELMANN, ROBERT H. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	3410 LAMBERT AVE.	4.2 NAME	
STREET ADDRESS	SPRING HILL FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ANDERSON, KATHLEEN <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	10455 S. SUNCOAST BLVD.	5.2 NAME	
STREET ADDRESS	HOMOSASSA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KESSMAN, MARCIE <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	5030 PLUMOSA	6.2 NAME	
STREET ADDRESS	SPRING HILL FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FRANK BIERWILER Frank Buerale (352) 596-3546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3-18-97 Date Daytime Phone # 0066565

CR2E037 (9/96)