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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 5406 SPRING HILL FL 34606	Mailing Address P.O. BOX 5406 SPRING HILL FL 34606
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 03/18/1993
4. FEI Number 59-3179359
Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FREDERICK, LARRY
7 REDBOY COURT WEST
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	P (D) <input type="checkbox"/> DELETE
NAME	BIERWILER, FRANK
STREET ADDRESS	4526 DELTONA BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	V (D) <input type="checkbox"/> DELETE
NAME	FREDRICK, LARRY
STREET ADDRESS	7 RED BAY CT. W.
CITY-ST-ZIP	HOMOSASSA FL 34446
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MCLEOD, DOROTHY L.
STREET ADDRESS	8375 BRAGANZA ST.
CITY-ST-ZIP	SPRING HILL FL
TITLE	D <input checked="" 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	ANDERSON, KATHLEEN
STREET ADDRESS	10455 S. SUNCOAST BLVD.
CITY-ST-ZIP	HOMOSASSA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KESSMAN, MARCIE
STREET ADDRESS	5030 PLUMOSA
CITY-ST-ZIP	SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack L. Rentzel
1.3 STREET ADDRESS	6572 River Run
1.4 CITY-ST-ZIP	Spring Hill, FL 34607
2.1 TITLE	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Goss, William
2.3 STREET ADDRESS	6428 Wedgewood Ct.
2.4 CITY-ST-ZIP	Spring Hill, FL 34606
3.1 TITLE	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cario, Jeffrey
3.3 STREET ADDRESS	7361 Forest Oaks Blvd.
3.4 CITY-ST-ZIP	Spring Hill, FL 34606
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 _____

CR2E037 (10/97)