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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90019 006 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000001328**

1. Corporation Name

**DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORID  
A**

Principal Place of Business

P.O. BOX 5406  
SPRING HILL FL 34606

Mailing Address

P.O. BOX 5406  
SPRING HILL FL 34606



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**03/18/1993**

4. FEI Number

**59-3179359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

**William Goss**

82 Street Address (P.O. Box Number is Not Acceptable)

**6427 Wedgewood Ct.**

83

84 City

**Spring Hill**

**FL**

85 Zip Code  
**34608**

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

*William Goss*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/10/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BIERWILER, FRANK**  
STREET ADDRESS **4526 DELTONA BLVD.**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **VD** ☒ DELETE

NAME **~~FREDERICK, LARRY~~**  
STREET ADDRESS **~~7 RED BAY CT. W.~~**  
CITY-ST-ZIP **~~HOMOSASSA FL 34446~~**

TITLE **D** ☐ DELETE

NAME **CARIO, JEFFREY**  
STREET ADDRESS **7361 FOREST OAKS BLVD**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ DELETE

NAME **GOSS, WILLIAM**  
STREET ADDRESS **6427 WEDGEWOOD CT**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **STD** ☐ DELETE

NAME **RENTZEL, JACK L**  
STREET ADDRESS **6572 RIVER RUN**  
CITY-ST-ZIP **HOMOSASSA FL 34607**

TITLE **D** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Frank Bierwiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(352) 596-3546

Date

Daytime Phone #

CR2E037 (11/98)