

**2025 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:**PO BOX 265  
DADE CITY, FL 33526-0265 US**FEI Number:** 59-3223358**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, GLEN M  
36637 MISSOURI AVENUE  
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:** GLEN M. THOMPSON

04/09/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENRICH, EDMOND  
Address        P.O. BOX 265  
City-State-Zip: DADE CITY FL 33526

Title            TREASURER  
Name            JOHNSON, KRISTINE  
Address        P.O. BOX 265  
City-State-Zip: DADE CITY FL 33526

Title            SECRETARY, DIRECTOR  
Name            THOMPSON, GLEN M.  
Address        36637 MISSOURI AVENUE  
City-State-Zip: DADE CITY FL 33523

Title            VP  
Name            ABBOTT, SISTER JEAN  
Address        P.O. BOX 265  
City-State-Zip: DADE CITY FL 33526

Title            DIRECTOR  
Name            SCHMIRLER, ROBERT  
Address        P.O. BOX 265  
City-State-Zip: DADE CITY FL 33526

Title            DIRECTOR  
Name            SMITH, GREGORY P  
Address        PO BOX 265  
City-State-Zip: DADE CITY FL 33526-0265

Title            DIRECTOR  
Name            WEBB, LYNNE  
Address        PO BOX 265  
City-State-Zip: DADE CITY FL 33526-0265

Title            DIRECTOR  
Name            HENTKOWSKI, GLORIA  
Address        P.O. BOX 265  
City-State-Zip: DADE CITY FL 33526

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*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:** GLEN M. THOMPSON**SECRETARY**

04/09/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BLUMEL, NANCY
Address	P.O. BOX 265
City-State-Zip:	DADE CITY FL 33526