

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004281

Entity Name: DAYSTAR LIFE CENTER, INC.**Current Principal Place of Business:**226 SIXTH STREET SOUTH
ST PETERSBURG, FL 33701**Current Mailing Address:**226 SIXTH STREET SOUTH
ST PETERSBURG, FL 33701 US**FEI Number:** 65-0523539**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVITO, JOSEPH AESQ.
4514 CENTRAL AVENUE
SAINT PETERSBURG, FL 33711 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MCDUFFIE, TOBY DR.
Address 2130 BLOSSOM WAY S
City-State-Zip: ST. PETERSBURG FL 33712

Title CORRESPONDING SECRETARY
Name FLYNN, SISTER MARITA
Address 1332 7TH AVENUE N
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name BUNGARD, NORMAN
Address 5400 PARK STREET N, PH7
City-State-Zip: ST. PETERSBURG FL 33709

Title CORRESPONDING SECRETARY
Name MACKOVJAK, KATHLYN
Address 721 FIRST AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title EXECUTIVE DIRECTOR
Name WALKER, JANE TROCHECK
Address 226 SIXTH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name AMANTIA, TOR, FATHER DAMIAN
Address 515 4TH STREET S
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name JOHNSON, MARY
Address 2541 SUNRISE DRIVE SOUTHEAST
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name GARRITY, JAMES
Address 7024 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33707

Continues on page 2

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: JANE WALKER**EXECUTIVE DIRECTOR****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name LERNER, LINDA
Address 8022 OAK FOREST BOULEVARD W
City-State-Zip: SEMINOLE FL 33776

Title PRESIDENT
Name AUDINO, MICHAEL
Address 4919 - 28TH AVENUE SOUTH
City-State-Zip: GULFPORT FL 33707

Title RECORDING SECRETARY
Name SMITH, RICHARD
Address 866 - 35TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR
Name BRAYBOY, CAROLYN
Address 144 23RD AVE S
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name LOGAN, BILL
Address 175 5TH AVE N
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name NATARAJAN, BHARATH
Address 102 ARBOR DRIVE E
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name MILKEY, KEVIN
Address 2813 SUNSET WAY
City-State-Zip: ST. PETE BEACH FL 33706

Title TREASURER
Name WILSON, JUDY
Address 440 S GULFVIEW BLVD
1802
City-State-Zip: CLEARWATER BEACH FL 33767

Title DIRECTOR
Name JACKSON, CHRISSY
Address P.O. BOX 66069
City-State-Zip: ST PETERSBURG BEACH FL 33736