

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G08070 (6)**  
1. Corporation Name  
**PALM HARBOR CHRISTIAN COUNSELING CENTER OF TIMOTHY N. DALEY, P.A.**



Principal Place of Business: 1710 ALT. 19. N BLDG. C. SUITE 403 PALM HARBOR FL 34683 US  
Mailing Address: 2710 ALT. 19. N BLDG. C. SUITE 403 PALM HARBOR FL 34683-2654 US

3. Date Incorporated or Qualified: 11/06/1982  
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business: 21 2706 Alt. 19 N., Ste. 310  
2a. Mailing Address: 26 2706 Alt. 19., Ste. 310  
22. City & State: 23 Palm Harbor, FL  
24. Zip: 24 34683  
25. Country: 25 Pinellas  
27. City & State: 28 Palm Harbor, FL  
29. Zip: 29 34683  
30. Country: 30 Pinellas

4. FEI Number: 59-2240728  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
DALEY, TIMOTHY N PHD  
2710 ALT. 19. N.  
BLDG. C, SUITE 403  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent  
81 Name: Daley, Timothy N. Ph.D.  
82 Street Address (P.O. Box Number is Not Acceptable): 2706 Alt. 19 N., Ste. 310  
83  
84 City: Palm Harbor  
85 Zip Code: FL 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	DALEY, TIMOTHY N		
STREET ADDRESS	1419 INDIAN TRAIL SOUTH		
CITY-ST-ZIP	PALM HARBOR FL 34683		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an initial filing with this address.

SIGNATURE: \_\_\_\_\_ (813) 789-6476  
DATE: 04/29/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)