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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **G08070**

1. Corporation Name
PALM HARBOR CHRISTIAN COUNSELING CENTER OF TIMOTHY N. DALEY, P.A.

Principal Place of Business	Mailing Address
2706 ALT. 19 N. 310 PALM HARBOR FL 34683 US	2706 ALT. 19 N. 310 PALM HARBOR FL 34683 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/06/1982
4. FEI Number	59-2240728
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
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 2708 ALT. 19 N. Suite, Apt. #, etc.	26 2708 ALT. 19 N. Suite, Apt. #, etc.
22 SUITE # 602 City & State	27 SUITE # 402 City & State
23 PALM HARBOR, FL Zip Country	28 PALM HARBOR, FL Zip Country
24 34683 25 PINELLAS	29 34683 30 PINELLAS

9. Name and Address of Current Registered Agent

DALEY, TIMOTHY N PHD
2708 ALT. 19 N.
STE. 310
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)	2708 ALT. 19 N.
83	SUITE 602
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 607.0502, Florida Statutes.

SIGNATURE *Timothy N. Daley Ph.D.* (NOTE: Registered Agent signature required when reinstating) DATE 04/29/99

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy N. Daley Ph.D.* PRESIDENT 04/29/99 (727) 789-6476
 TIMOTHY N. DALEY Ph. D. - PRESIDENT Date Daytime Phone #

CR2E034 (11/98)