2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 770074

Entity Name: DELPHI ACADEMY OF FLORIDA, INC.

Current Principal Place of Business:

1831 DREW STREET
CLEARWATER, FL 34625

New Principal Place of Business:

Current Mailing Address:

1831 DREW STREET
CLEARWATER, FL 34625

New Mailing Address:

FEI Number: 59-2369510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAUFER, COLIN
1831 DREW ST.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	VOSS, BETH,	
Address:	1371 MILTON STREET	
City-St-Zip:	CLEARWATER, FL	
Title:	PD	( ) Delete
Name:	TAUFER, COLIN	
Address:	109 N. CORONA AVE.	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	VD	( ) Delete
Name:	YOUNG, BELINDA	
Address:	618 SMALLWOOD CIR.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	SD	( ) Delete
Name:	POPE, BETTINA	
Address:	1357 ADMIRAL WOODSON LN	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MBRD	( ) Delete
Name:	KIRTLEY, CAROL	
Address:	1018 PINEBROOK	
City-St-Zip:	CLEARWATER, FL 33755	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETTINA POPE SD 04/06/2009
Electronic Signature of Signing Officer or Director — Date