

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006494 (6)**

1. Corporation Name

**DELPHI CENTER, INC.**



Principal Place of Business <b>702 WEST ADELEE ST TAMPA FL 33603</b>	Mailing Address <b>702 WEST ADELEE ST TAMPA FL 33603-5513</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>12/20/1996</b>	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3419545</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>OSTERHOUT, TERRI 702 WEST ADELEE ST TAMPA FL 33603</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President (P) (D)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Karin Kearns</b>	1.2 NAME	<b>Kelly Brady</b>
STREET ADDRESS	<b>702 W. Adalee St.</b>	1.3 STREET ADDRESS	<b>1512 Piermaj Ln.</b>
CITY-ST-ZIP	<b>Tampa, FL 33603</b>	1.4 CITY-ST-ZIP	<b>Lutz, FL 33549</b>
TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary (S) (D)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERRI OSTERHOUT</b>	2.2 NAME	<b>Joyce Nutra</b>
STREET ADDRESS	<b>720 W. Kentucky Ave.</b>	2.3 STREET ADDRESS	<b>9525 60th St N.</b>
CITY-ST-ZIP	<b>Tampa, FL 33603</b>	2.4 CITY-ST-ZIP	<b>Pinellas Park, FL 34666</b>
TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer (T) (D)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Laura Mullen</b>	3.2 NAME	<b>Mary Ann Pellegrino</b>
STREET ADDRESS	<b>201 W. Laurel St #302</b>	3.3 STREET ADDRESS	<b>840 Lutz Lake Farm Rd.</b>
CITY-ST-ZIP	<b>Tampa, FL 33609</b>	3.4 CITY-ST-ZIP	<b>Lutz, FL 33511</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President (V) (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Dee Pullen</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>802 E. Annie</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Tampa, FL 33612</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Member, Board of Directors (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Judith Rose</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>10402 N. Boulevard</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Tampa, FL 33612</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Mary Ann Pellegrino* **MARY ANN PELLEGRINO** 4/14/97 813-948-6083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)