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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006494 (6)

1. Corporation Name

DELPHI CENTER, INC.

Principal Place of Business

Mailing Address

702 WEST ADELEE ST  
TAMPA FL 33603

702 WEST ADELEE ST  
TAMPA FL 33603

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

59-3419545

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2514 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 Zip

33609

Country

25 USA

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTERHOUT, TERRI  
702 WEST ADELEE ST  
TAMPA FL 33603

81 Name

Karin Kearns, LM.

82 Street Address (P.O. Box Number is Not Acceptable)

702 W. Adelee St

83

84 City

Tampa

FL

85 Zip Code

33603

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

Karin Kearns, LM.

Exec. Director

1/7/98

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BRADY, KELLY  
STREET ADDRESS 1512 PIERMAJ LN  
CITY-ST-ZIP LUTZ FL

TITLE SD  
NAME NUTTA, JOYCE  
STREET ADDRESS 9525 60TH ST NO  
CITY-ST-ZIP PINELLAS PRK FL

TITLE TD  
NAME PELLEGRINO, MARY ANN  
STREET ADDRESS 840 LUTZ LAKE FERN RD  
CITY-ST-ZIP LUTZ FL

TITLE VPD  
NAME PULLEN, DEE  
STREET ADDRESS 802 E ANNIE  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME ROSE, JUDITH  
STREET ADDRESS 10402 N BLVD  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE TD  
1.2 NAME Donna Stalings  
1.3 STREET ADDRESS 817 Coral St.  
1.4 CITY-ST-ZIP Tampa, FL 33603

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/14

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