

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90137 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006494

1. Corporation Name

DELPHI CENTER, INC.

Principal Place of Business

 2514 WEST KENNEDY BOULEVARD
 TAMPA FL 33609
 US

Mailing Address

 702 WEST ADALEE STREET
 TAMPA FL 33603


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3419545	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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

9. Name and Address of Current Registered Agent

 KEARNS, KARIN L.M.
 702 WEST ADELEE ST
 TAMPA FL 33603

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, KELLY	1.2 NAME	Karin Kearns, LM
STREET ADDRESS	1512 PIERMAJ LN	1.3 STREET ADDRESS	2514 W. Kennedy Blvd
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Tampa, FL 33609-3306
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	STALLINGS, DONNA	2.2 NAME	
STREET ADDRESS	817 CORAL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603	2.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PULLEN, DEE	3.2 NAME	
STREET ADDRESS	802 EAST ANNIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROSE, JUDITH	4.2 NAME	
STREET ADDRESS	10402 N. BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE: *Karin Kearns, LM*
 EXECUTIVE DIRECTOR

4/23/99

 813-873-
 7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)