## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT # P93000014468 (1)** 

MARIAN CENTER OF DELRAY BEACH, INC.

Principal Place of Business Mailing Address

## **FILED** May 09 1997 8:00am Secretary of State



112 S.E. 10TH ST. DELRAY BEACH FL 33483		112 S.E. 10TH ST. DELRAY BEACH FL	112 S.E. 10TH ST. DELRAY BEACH FL 33483-3426						
						3. Date Incorporated or Qualified 02/25/1993	3a. Date of L 05/01/19		
2. Principal Pl	lace of Business	2a. Mailing Address	28. Mailing Address			4. FEI Number	<del></del>	Applied For	
21		26	26			65-0391645		Not Applicable	
Sulte, Apt	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing	\$5	.00 May Be	
23		28	28			Trust Fund Contribution		ded to Fees	
Zip	Caunt	ry Zip	Cou	Country		B. This corporation has liability for i	ntangible tax un	der s. 199.032,	
24	25 29 30		30	Florida Statutes Yes No					
	9. Name and Addre	ess of Current Registered Agent			·	10. Name and Address of New Re	gistered Agent		
RALPH, DONALD E					81 Name				
	S.E. 10TH ST.	00	82 Street Addre		Street Add	dress (P.O. Box Number is Not Acceptab	le)	·- ·	
VEU	RAY BEACH FL 334	83		83					
				84	City		FL 85	Zip Code	
11 Dignipant	to the provisions of Coo	tions 607 0502 and 607 1509 Florida	Stalutoe the e		named co	constion submite this statement for the n		alno ite registered	
office or r	egistered agent, or bol	h, in the State of Florida. Such change	was authorize	d by	the corpora	poration submits this statement for the pation's board of directors. I heroby accep	of the appointment	nt as registered	
agent. I a	m familiar with, and acc	copt the obligations of, Section 607.05	05, Florida Sta	itutes	•				
SIGNATURE	Chest as topod to a stod now	ic of registered agent and little if applicable	MOTE functions	of Ago	ul e ocalure rec	uired when reinstalling)	DATE		
12.		DIFICERS AND DIRECTORS	13.		in a griature requ	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	ρ	DELE					Ch	ange Addition	
NAME	DONALD E. RALPI	H	1.2 M	EAME					
STREET ADDRESS	112 SE 10TH ST	•			ADDRESS				
CITY-ST-ZIP	DELRAY BEACH F				1 - 7IP				
TITLE	VPST						☐ Ct	ange 🔲 Addition	
NAME			2.2 N	IAME					
STREET ADDRESS	444 47 44714 67			TREET	ADDRESS				
CITY-ST-ZIP	MAIN DELOILE			CHY-S	(1 - Z)P				
TITLE				TLE			i. □ Ch	ange Addition	
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 \$	STREET	ADDRESS				
CITY-ST-ZIP			3,4.	CITY-S	iT-ZIP				
TITLE		DELF	TE 4.1 ?	IILE			☐ Cr	ange Addition	
NAME		•	4. 2	NAME					
STREET ADDRESS			4.3 \$	SIREE 1	ADDRESS				
CITY-ST-ZIP			4.4 (	2-YTK	1 - ZIP				
TITLE		☐ DELF	TE 517	IIIE			☐ CI	ange Addition	
NAME			521	IAME					
STREET ADDRESS			535	STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			CHY-S	1 - ZIP				
TITLE		DELE	TE 611	IIILE			Cr	nange	
NAME			621	NAME					
STREET ADDRESS			635	STREET	ADDRESS				
CITY-ST-ZIP			640	JIY-S	T - 7(P				
						11: 0 11: 140 07(0V) F1- 1-1- Ct-4-4-	1.4. 11	41 . 4 41 .	

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 607, Florida Statutes; and that my name