

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28027** (3)
1. Corporation Name
UNITED AMPUTEE SERVICES ASSOCIATION, INC.

Principal Place of Business Mailing Address
**855 S FEDERAL HWY
STE 212
BOCA RATON FL 33432** **855 S FEDERAL HWY
STE 212
BOCA RATON FL 33432**

3. Date Incorporated or Qualified **08/24/1988** 3a. Date of Last Report **04/18/1994**
4. FEI Number **65-0082745** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1025 S. Semoran Blvd.** 26 **PO Box 4277**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste 130** 27
City & State City & State
23 **Winter Park, FL.** 28 **Winter Park, FL**
Zip Country Zip Country
24 **32793** 25 **US** 29 **32793-4277** 30 **US**

9. Name and Address of Current Registered Agent
**MOONAN, SUSAN
1498 W. ROYAL PALM ROAD
BOCA RATON FL 33468**

10. Name and Address of New Registered Agent
81 Name **Jack D. Richmond**
82 Street Address (P.O. Box Number is Not Acceptable) **664 Saranac Drive**
83
84 City **Winter Springs** FL 85 Zip Code **32708**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Jack D. Richmond - President** DATE **04/30/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOONAN, SUSAN
STREET ADDRESS	1498 W. ROYAL PALM RD
CITY, ST, ZIP	BOCA RATON FL 33468
TITLE	VP
NAME	CONNELL ROBERT
STREET ADDRESS	1274 SW 71ST TERR
CITY, ST, ZIP	N. LAUDERDALE FL 33068
TITLE	T
NAME	BAKST, FRANCES
STREET ADDRESS	BRIGTON 843
CITY, ST, ZIP	BOCA RATON FL 33434
TITLE	S
NAME	WEPPNER, JOANNE
STREET ADDRESS	3908 S. OCEAN BLVD APT 564
CITY, ST, ZIP	HIGHLAND FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jack D. Richmond
13 STREET ADDRESS	664 Saranac Drive
14 CITY, ST, ZIP	Winter Springs, FL 32708
21 TITLE	VP-1st D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Stuart Fichter
23 STREET ADDRESS	6010 Falls Circle S.
24 CITY, ST, ZIP	Lauderhill, FL 33319-6911
31 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Priscilla Green
33 STREET ADDRESS	1941 Legion Drive
34 CITY, ST, ZIP	Winter Park, FL 32789
41 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Diane Richmond
43 STREET ADDRESS	664 Saranac Drive
44 CITY, ST, ZIP	Winter Springs, FL 32708
51 TITLE	VP-2nd D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Glen Denton
53 STREET ADDRESS	349 Oak Leaf Circle
54 CITY, ST, ZIP	Lake Mary, FL 32746
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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. 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 my affidavit with an address.

SIGNATURE: **Jack D. Richmond** DATE: **04/30/95** ORIGINAL FILE # **407-678-6**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR