

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N28027 (3)

1. Corporation Name

UNITED AMPUTEE SERVICES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1025 S. SEMORAN BLVD.
STE 130
WINTER PARK FL 32793

P.O. BOX 4277
WINTER PARK FL 32793-4277

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0082745

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMOND, JACK D.
664 SARANAC DRIVE
WINTER SPRINGS FL 32708

81 Name
Virgil Price

82 Street Address (P.O. Box Number is Not Acceptable)
2456 Carolton Road

83 City

84 City
Maitland

FL

85 Zip Code
32751

11. Pursuant to the provisions of Sections 617.0602 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 *Virgil Price*
Signature, typed or printed name of registered agent and title if applicable

Virgil Price - President 1-14-97

(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
NAME	RICHMOND, JACK D.	
STREET ADDRESS	664 SARANAC DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OATES, BRUCE	
STREET ADDRESS	1719 HOLLIS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, PRISCILLA	
STREET ADDRESS	1941 LEGION DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RICHMOND, DIANE	
STREET ADDRESS	664 SARANAC DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Virgil Price	
1.3 STREET ADDRESS	2456 Carolton Road	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rita Hutner	
3.3 STREET ADDRESS	1351 Seagrape Circle	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33326	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gayle O'Barr	
4.3 STREET ADDRESS	520 East Campus Circle	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Virgil Price* REQUIRED Virgil Price - President 1-14-97 407-260-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018532

CR2E037 (9/96)