

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 751843 (4)

Corporation Name

U.S.O. COUNCIL OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

BLDG 102. NAVAL TRAINING CTR  
RTC USO 4151 GUADAL CANAL ST.  
ORLANDO FL 32813  
US

BLDG 102. NAVAL TRAINING CTR  
PO BOX 149472  
ORLANDO FL 32814  
US

3. Date Incorporated or Qualified  
04/02/1980

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Mary Boutwell Center

26 P.O. Box 149472

4. FEI Number

59-1562530

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
Naval Training Center

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State  
Orlando, Florida

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip  
32814

Country

25 Orange

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARDI, ALDO  
990 LEWIS DR  
4151 GUADALCANAL ST.  
WINTER PARK FL 32790

81 Name

Dr. John Pellosie

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

3951 Lake Mira Court

83

84 City

Orlando, Fla.

FL

85 Zip Code  
32817

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]*

(NOTE: Registered Agent signature required when reinstating)

*[Signature]* 1/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ICARDI, ALDO  
STREET ADDRESS 990 LEWIS DR.  
CITY-ST-ZIP WINTER PK FL

11 TITLE PD ☒ Change ☒ Addition  
12 NAME Dr. John Pellosie  
13 STREET ADDRESS 3951 Lake Mira Drive  
14 CITY-ST-ZIP Orlando, Fla. 32817

TITLE VD ☒ DELETE  
NAME PELLOSIE, JOHN  
STREET ADDRESS 3951 LAKE MIRA CT.  
CITY-ST-ZIP ORLANDO FL

21 TITLE Mr. Dan Doherty ☒ Change ☒ Addition  
22 NAME 225 Doverwood Rd.  
23 STREET ADDRESS Fern Park, Fla. 32730  
24 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME KOSTER, ALFRED M  
STREET ADDRESS 749 WILLOW RUN LN  
CITY-ST-ZIP WINTER SPGS FL

31 TITLE VD ☒ Change ☒ Addition  
32 NAME Chief Tom Collins  
33 STREET ADDRESS 1016 Errol Parkway  
34 CITY-ST-ZIP Orlando, Fla. 32712

TITLE TD ☒ DELETE  
NAME DOHERTY, DANIEL J  
STREET ADDRESS 225 DOVERWOOD DR.  
CITY-ST-ZIP FERN PK FL

41 TITLE TD ☐ Change ☒ Addition  
42 NAME Dr. Lloyd Fernald, Jr.  
43 STREET ADDRESS 4052 Lake Mira Drive  
44 CITY-ST-ZIP Orlando, Fla. 32817

TITLE SD ☐ DELETE  
NAME BAIN, RICHARD  
STREET ADDRESS 8998 CRICHTON WOODS DR  
CITY-ST-ZIP ORLANDO FL

51 TITLE SD ☒ Change ☒ Addition  
52 NAME Tom Largomarsino  
53 STREET ADDRESS 13407 Pointe Drive  
54 CITY-ST-ZIP Orlando, Fla. 32828

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone

1-31-96 402-647-241

CR2E037 (12/95)