

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 751843 (4)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

MARY BOUTWELL CENTER
NAVAL TRAINING CENTER
ORLANDO FL 32814
USPOST OFFICE BOX 149472
ORLANDO FL 32814-9472
US3. Date Incorporated or Qualified
04/02/19803a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-1562530

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

PELOSIE, JOHN DR.
3951 LAKE MIRA COURT
ORLANDO FL 32817

81 Name

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

83

84 City

FL

85 Zip Code

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 Dr. John Pelosie

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** ☐ DELETE
NAME **PELOSIE, JOHN**
STREET ADDRESS **3951 LAKE MIRA DRIVE**
CITY - ST - ZIP **ORLANDO FL**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Chief Tom Collins**
1.3 STREET ADDRESS **1016 Errol Parkway**
1.4 CITY - ST - ZIP **APOLKA, FLA. 32822**TITLE **VD** ☒ DELETE
NAME **DOHERTY, DAN**
STREET ADDRESS **225 DOVERWOOD ROAD**
CITY - ST - ZIP **FERN PARK FL**2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Pelosie, John**
2.3 STREET ADDRESS **3951 LAKE MIRA Drive**
2.4 CITY - ST - ZIP **ORLANDO, FLA.**TITLE **VD** ☐ DELETE
NAME **COLLINS, CHIEF TOM**
STREET ADDRESS **1016 ERROL PARKWAY**
CITY - ST - ZIP **ORLANDO FL**3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **KEVIN MCNAMARA**
3.3 STREET ADDRESS **EXECUTIVE AIRPORT**
3.4 CITY - ST - ZIP **HERNDON ST. ORLANDO, FLA.**TITLE **TD** ☒ DELETE
NAME **FERNALD, LLOYD JR.**
STREET ADDRESS **4052 LAKE MIRA DRIVE**
CITY - ST - ZIP **ORLANDO FL**4.1 TITLE **SP** ☐ Change ☒ Addition
4.2 NAME **BOYCE WALKER**
4.3 STREET ADDRESS **3336 JONSON**
4.4 CITY - ST - ZIP **ORLANDO, FLA.**TITLE **SD** ☐ DELETE
NAME **LARGOMARSINO, TOM**
STREET ADDRESS **13407 POINTE DRIVE**
CITY - ST - ZIP **ORLANDO FL**5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **LARGOMARSINO, TOM**
5.3 STREET ADDRESS **13407 POINTE Drive**
5.4 CITY - ST - ZIP **ORLANDO, FLA.**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
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:

Sandra B. Mortham 4-17-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017273

CR2E037 (9/96)