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AND
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98 JUN -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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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
US**

**POST OFFICE BOX 149472
ORLANDO FL 32814
US**

3. Date Incorporated or Qualified

04/02/1980

4. FEI Number

59-1562530

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Chief TOM COLLINS

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

1016 ERROL PARKWAY

83.

84. City

APOPKA FL

85. Zip Code

32712

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Betty T. Williams
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-6-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PELLOIE, JOHN	
STREET ADDRESS	3951 LAKE MIRA DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PELLOIE, JOHN	
STREET ADDRESS	1016 ERROL PARKWAY	
CITY-ST-ZIP	APOPKA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, CHIEF TOM	
STREET ADDRESS	1016 ERROL PARKWAY	
CITY-ST-ZIP	ORLANDO FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCNAMARA, KEVIN	
STREET ADDRESS	EXECUTIVE AIRPORT HERNDON ST	
CITY-ST-ZIP	ORLANDO FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LARGOMARSINO, TOM	
STREET ADDRESS	13407 POINTE DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALKER, JOYCE	
STREET ADDRESS	3336 JONJON	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	PD COLLINS, CHIEF TOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1016 ERROL PARKWAY	
1.4 CITY-ST-ZIP	APOPKA FLA. 32712	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pelloie, John	
2.3 STREET ADDRESS	3951 Lake Mira Drive	
2.4 CITY-ST-ZIP	ORLANDO, FLA.	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	500002552645--5	
3.4 CITY-ST-ZIP	-06/03/98--01053--015	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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:

Betty T. Williams 5-6-98 407 447-2241

CR2E037 (10/97)