

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90180 047 \*\*\*\*61.25

DOCUMENT # 751843

1. Corporation Name

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

Principal Place of Business

MARY BOUTWELL CENTER  
NAVAL TRAINING CENTER  
ORLANDO FL 32814  
US

Mailing Address

POST OFFICE BOX 149472  
ORLANDO FL 32814  
US

ORLANDO INT. AIRPORT

2. Principal Place of Business

21 P.O. Box 149472

Suite, Apt. #, etc.

22 ORLANDO, FLA.

City & State

23 32814 ORANGE

Zip

Country

2a. Mailing Address

26 P.O. Box 149472

Suite, Apt. #, etc.

27 ORLANDO, FLA.

City & State

Zip

Country

3. Date Incorporated or Qualified

04/02/1980

4. FEI Number

59-1562530

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

9. Name and Address of Current Registered Agent

COLLINS, TOM CHIEF  
1016 ERROL PARKWAY  
APOPKA FL 32712

10. Name and Address of New Registered Agent

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

*Betty T. Wyman*

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

(NOTE: Registered Agent signature required when reinstating)

4-7-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COLLINS, TOM CHIEF  
STREET ADDRESS 1016 ERROL PARKWAY  
CITY-ST-ZIP APOPKA FL 32712

DELETE

TITLE VD  
NAME PELLOSIE, JOHN  
STREET ADDRESS 3591 LAKE MIRA DRIVE  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TD  
NAME MCNAMARA, KEVIN  
STREET ADDRESS EXECUTIVE AIRPORT HERNDON ST  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TD  
NAME LARGOMARSINO, TOM  
STREET ADDRESS 13407 POINTE DRIVE  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE SD  
NAME WALKER, JOYCE  
STREET ADDRESS 3336 JONJON  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
EXECUTING DIRECTOR  
BETTY T. WYMAN  
4969 CASABA PL.  
ORLANDO, FLA. 32814

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

*Betty T. Wyman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0017780