

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 762427 (3)**

1. Corporation Name

**U.S.O. COUNCIL OF DADE COUNTY, INC.**



Principal Place of Business

Mailing Address

**MIAMI INTERNATIONAL AIRPORT  
CONCOURSE "B" LEVEL 4  
MIAMI FL 33299  
US**

**PO BOX 900940  
HOMESTEAD FL 33090  
US**

3. Date Incorporated or Qualified  
**03/15/1982**

3a. Date of Last Report  
**03/03/1995**

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

29

9. Name and Address of Current Registered Agent

4. FEI Number

**59-1030595**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**PERRY, ARNOLD  
ST. MARKS LUTHERAN CHURCH  
3930 LEJEUNE RD  
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SANTEIRO, G.J.**  
STREET ADDRESS **1403 MADRID STREET**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE  
NAME **CARRIER, L R**  
STREET ADDRESS **1433 NW 20TH ST**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **VD** ☐ DELETE  
NAME **WHITBECK, KEITH**  
STREET ADDRESS **13615 S DIXIE HIGHWAY #113**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **PERRY, ARNOLD**  
STREET ADDRESS **3930 LEJEUNE RD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SD** ☒ DELETE  
NAME **SPENCER, SUSAN**  
STREET ADDRESS **8685 NW 53RD TERRACE, #200**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE  
NAME **OMATSU, PATRICK**  
STREET ADDRESS **909 SE 1ST AVENUE**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **33134**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **33030**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **14445 S. DIXIE HIGHWAY**  
3.4 CITY-ST-ZIP **33196**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **33134**

5.1 TITLE **SD** ☐ Change ☒ Addition  
5.2 NAME **COLBY, HELEN**  
5.3 STREET ADDRESS **1401 BISCAYNE BLVD.**  
5.4 CITY-ST-ZIP **MIAMI, FL 33132**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP **33131-5030**

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

**4/3/96** (805) 670-3266  
Date Daytime Phone #

CR2E037 (12/95)