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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USPO BOX 900940
HOMESTEAD FL 33090-0940
US3. Date Incorporated or Qualified
03/15/19823a. Date of Last Report
04/12/1996

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

59-1030595

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

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
NAME SANTEIRO, G.J.
STREET ADDRESS 1403 MADRID STREET
CITY-ST-ZIP CORAL GABLES FL☐ DELETETITLE D
NAME CARRIER, L R
STREET ADDRESS 1433 NW 20TH ST
CITY-ST-ZIP HOMESTEAD FL☒ DELETETITLE VD
NAME WHITBECK, KEITH
STREET ADDRESS 14445 S DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL☐ DELETETITLE D
NAME PERRY, ARNOLD
STREET ADDRESS 3930 LEJEUNE RD
CITY-ST-ZIP CORAL GABLES FL☐ DELETETITLE SD
NAME COLBY, HELEN
STREET ADDRESS 1801 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL☐ DELETETITLE TD
NAME OMATSU, PATRICK
STREET ADDRESS 909 SE 1ST AVENUE
CITY-ST-ZIP MIAMI FL☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EXECUTIVE DIRECTOR
1.2 NAME J. KENNETH BERGER
1.3 STREET ADDRESS 18420 SW 267 ST.
1.4 CITY-ST-ZIP HOMESTEAD FL 33081☐ Change☒ Addition2.1 TITLE TREASURER + DIRECTOR
2.2 NAME SHARON KRYCTER
2.3 STREET ADDRESS 9820 SW 186 TH ST.
2.4 CITY-ST-ZIP MIAMI FL 33176☐ Change☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

(305) 224-6594

Date

Daytime Phone # 0026342

CP2E037 (9/96)