FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P20120

(2)

UNITED STATES ORGANIZATION FOR DISABLED ATHLETES , INC.

Principal Place of Business 143 CALIFORNIA AVENUE UNIONDALE NY 11553

Mailing Address

143 CALIFORNIA AVENUE **UNIONDALE NY 11553**



						L	
					3. Date Incorporated or Qualified 07/19/1988 3a. Date of Last Report 05/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21	1 26					11-2765283 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc						5 Codificate of Status Project	
22		27	27			5. Certificate of Status Desired Fee Required	
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	Country		8. This corporation has liability for intangible tax under s. 199,032,	
			30	0		Florida Statutes	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81	Name		
ORR, AL				82 Street Arkiness (P.O. Box Number is Not Acceptable)			
101 EAST RIVER COURT STREET				or Street Actories for to about northwest is not Acceptable)			
TAMPA BAY FL				83			
				84	City	FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617,1508, Florida Statute	s, the abo	ve-n	amed co	conceration submits this statement for the numbers of changing its registered effice.	
or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
	in, and accept the obligations of, aect	non o m. 0003, monda Statutes.					
SIGNATURE _	Signature, typod or printed name of registered agent	Land the diamon able (NO)	Té : Bantatarent	Ament	Side at the re-	terior (s) when reinstating) DATE	
			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 1 TI	TLE	Т	DIRECTOR Dechange Addition	
NAME	NAME AND ADDRESS OF THE PARTY O		1.2 N			DE PACE, PAUL	
STHEE! ADDRESS	ACAD OBILITY PARAMET		1.3 STREET ADDRESS 2		ADDRESS	330 DIAMOND HILL ROAD	
CITY-ST-ZIP	BOWIE MD					WARWICK, RI 02826	
Tille	D	□ DELÉTE				VICE PRESIDENT Change Middition	
NAME	STEPHENSON, DAVID		2 2 NAME				
STREET ADDRESS	4477 147707 00414 077 444		2.3 STREET ADDRESS			SEFFREY JONES 245 SUPERIOR St. EAST	
	HOUSTON TX						
CITY - ST - ZIP				2 4 CITY - ST - ZIP		CHICAGO, IL BOLDII	
NAME	MILLER, ORAL O.	Chritic		3 1 TITLE		OLRECTOR Charge MAddition	
1	AASS ASTEL OF ARM OFF TAA			3 2 NAME 3 3 STREET ADDRESS		PAUELA DANBERG	
STREET ADDRESS	WASHINGTON DC					10061 KADOTA St. SYLMAR, CA 91342	
CITY - ST - ZIP	TD	DELETE		HY-S	T-ZIP		
	MORRIS, BRIAN		4 1 T)			Change Addition	
NAME	•	/ CTC 000	4 2 N				
STREET ADDRESS	28677 NORTHWESTERN HWY	1 31E 200			AUDRESS		
CITY - ST - ZIP	SOUTHFIELD MI	•Fonere	4 4 CI		- ŽIP		
TIFLE	D NOCHTED OF WID	DELETE	5 1 Ti			Change Addition	
NAME	KREUTER, PHILIP		5 2 N.4	ME			
STHEET ADDRESS	35 GROVE STREET		53\$1	REET	ADDRESS		
CITY - ST - ZIP	SEA CLIFF NY		5.4 Cr		- ZIP		
TITLE	VD	DELETE	6 1 Ti	L.F		Change Addition	
NAME	DE PACE, PAUL		6 2 NA	ME			
STREET ADDRESS	380 DIAMOND HILL RD		6351	REFT	ADDRESS		
CITY-S1-ZIP	WARWICK RI		6 4 CI	n .	äР		
14 Lda barab	a poetifi, the et the distance of the etc.	241 44 2 624 2 1 1 1 2 2					

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 empowaring the statutes 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 empowaring the statutes 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 empowaring the statutes 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 empowaring the statutes 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 empowaring the statutes. 13 if changed, or on an attachment with an address.

SIGNATURE:

EO DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT /BUEL

301 464-3776