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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20120** (2)

1. Corporation Name

**UNITED STATES ORGANIZATION FOR DISABLED ATHLETES
, INC.**

Principal Place of Business

Mailing Address

**143 CALIFORNIA AVENUE
UNIONDALE NY 11553**

**143 CALIFORNIA AVENUE
UNIONDALE NY 11553-1131**



3. Date Incorporated or Qualified
07/19/1988

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORR, AL
101 EAST RIVER COURT STREET
TAMPA BAY FL**

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 how it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE PACE, PAUL	
STREET ADDRESS	380 DIAMOND HILL RD	
CITY-ST-ZIP	WARWICK RI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENSON, DAVID	
STREET ADDRESS	1475 WEST GRAY STE 166	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, ORAL O.	
STREET ADDRESS	1155 15TH ST. NW STE 720	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, BRIAN	
STREET ADDRESS	28677 NORTHWESTERN HWY STE 200	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JONES, JEFFREY	
STREET ADDRESS	345 SUPERIOR ST EAST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DE PACE, PAUL	
STREET ADDRESS	380 DIAMOND HILL RD	
CITY-ST-ZIP	WARWICK RI	

1.1 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pamela Danberg	
1.3 STREET ADDRESS	1536 J Kadota St.	
1.4 CITY-ST-ZIP	Sylmar, CA 91342	
2.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David Williamson	
2.3 STREET ADDRESS	2813 Spindle Lane	
2.4 CITY-ST-ZIP	Bowie, MD 20715	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

David Williamson **DAVID R. WILLIAMSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0075150**

CR2E037 (9/96)