FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 21 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N09414** **(6)**

1. Corporation Name

THE CONGRESSIONAL AWARD COUNCIL, ~~16TH~~ 16th DISTRICT F LORIDA, INC.

Principal Place of Business	Mailing Address
~~4440 PGA BLVD~~ ~~406~~ ~~PALM BEACH GARDENS FL 33410~~ ~~US~~	~~4440 PGA BLVD.~~ ~~SUITE 406~~ ~~PALM BEACH GARDENS FL 33410~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1985	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1402442	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 250 N.W. Country Club Dr.	26 250 N.W. Country Club Dr.
Suite, Apt. #, etc. 22 County Annex Building	Suite, Apt. #, etc. 27 County Annex Building
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip 24 34986 Country 25 USA	Zip 29 34986 Country 30 USA

9. Name and Address of Current Registered Agent

~~TYNDALL, GAIL~~
~~4440 PGA BLVD.~~
~~SUITE 406~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name: Betsy Gibson
82 Street Address (P.O. Box Number is Not Acceptable): County Annex Building
83: 250 N.W. Country Club Drive
84 City: Port St. Lucie FL 85 Zip Code: 34986

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Betsy Gibson, Registered Agent 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	PD ☑ Change ☐ Addition
NAME	~~TAYLOR, WILLIAM J.~~	12 NAME	Mark Foley
STREET ADDRESS	~~1 BAYVIEW COURT~~	13 STREET ADDRESS	1316 Lake Victoria Drive
CITY-ST-ZIP	~~TEQUESTA FL~~	14 CITY-ST-ZIP	Lake Worth, Florida 33461
TITLE	~~VD~~	21 TITLE	VD ☑ Change ☐ Addition
NAME	~~RHOADES, CLIFFORD~~	22 NAME	Ann L. Decker
STREET ADDRESS	~~107 N. RIDGEWOOD DRIVE~~	23 STREET ADDRESS	5164 S.E. St. Lucie Blvd.
CITY-ST-ZIP	~~SEBRING FL~~	24 CITY-ST-ZIP	Fort Pierce, Florida 34946
TITLE	~~VD~~	31 TITLE	VD ☑ Change ☐ Addition
NAME	~~PLEDGER, THOMAS R.~~	32 NAME	Dianne Robbins
STREET ADDRESS	~~18561 JUPITER FARMS RD~~	33 STREET ADDRESS	2512 S.E. Anchorage Cove, G-3
CITY-ST-ZIP	~~JUPITER FL~~	34 CITY-ST-ZIP	Port St. Lucie, Florida 34952
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	400001486284
STREET ADDRESS		43 STREET ADDRESS	-04/21/95--01074--010
CITY-ST-ZIP		44 CITY-ST-ZIP	*****96.25 *****61.25
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	YB
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	5/12
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ V.D. 4-17-95 407-878-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048347