


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N09414  
 1. Corporation Name  
**THE CONGRESSIONAL AWARD COUNCIL, 16TH DISTRICT  
 FLORIDA, INC.**

Principal Place of Business <b>250 N.W. Country Club Dr.                  County Annex Building                  Port St. Lucie, FL 34986                  US</b>	Mailing Address <b>250 N.W. Country Club Dr.                  County Annex Building                  Port St. Lucie, FL 34986</b>
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3. Date Incorporated or Qualified <b>05/22/1985</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>59-1402442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**  
**GIBSON, BETSY  
 COUNTY ANNEX BUILDING  
 250 N.W. COUNTRY CLUB DRIVE  
 PORT ST. LUCIE, FL 34986**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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  **Betsy Gibson, Registered Agent** DATE **3/9/97**  
(NOTE: Registered Agent signature required when re-issuing)

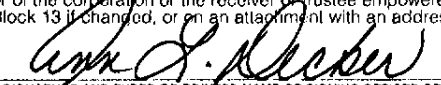
**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOLEY, MARK	
STREET ADDRESS	1316 LAKE VICTORIA DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DECKER, ANN L.	
STREET ADDRESS	3164 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	PORT RIERGE, FL 34946	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBBINS, DIANNE	
STREET ADDRESS	2512 S.E. ANCHORAGE COVE, G-3	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD DECKER, ANN L.
2.3 STREET ADDRESS	355 N.E. ELM TERRACE
2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
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	<b>100002118411</b>
5.3 STREET ADDRESS	<b>-03/19/97--01109--039</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
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:  **ANN L. DECKER** DATE **3/13/97** DAYTIME PHONE # **361-878-3181**

CR2E037 (9/96)