## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N09414

(6)

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

LORIDA, INC.									
Principal Plac	e of Business	Mai	Mailing Address						
250 N.W. COUL COUNTY ANNE PORT ST. LUC		COU	250 N.W. COUNTRY CLUB DR. COUNTY ANNEX BLDG. PORT ST, LUCIE FL 34996				3. Date Incorporated or Qualified  05/22/1985		
US		ÜS	11 01: COOL 12 04000	•			4. FEI Number Applied For		
2 Principal P	Tace of Business	20	Mailing Address	· · · · · · · · · · · · · · · · · · ·			59-1402442 Not Applicable		
21	idde of busilless	26	<del>_</del>				5. Certificate of Status Desired Security Securi		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22		27	<u> </u>				Trust Fund Contribution Added to Fees		
City & Stat	Ð		City & State				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	26	Zip Country			<del></del>	Yes No		
24	s '		29 30		i ita y		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Who		
	9. Name and Address of Curr	11	ered Agent	1901		<del></del>	10. Name and Address of New Registered Agent		
					81	Name			
GIBSON, BETSY				)	82	Street Ad	treet Address (P.O. Box Number is Not Acceptable)		
	V. COUNTRY CLUB DRIVE			ĺ					
PORT \$	T. LUCIE FL 34986				83				
				Ī	84	City	85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0	502 and 61	7.1508, Florida Statut	es, the at	L	-named co	orporation submits this statement for the purpose of changing its registered		
office or n	egistered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida ligations of,	<ul> <li>Such change was a Section 617.0503, Fix</li> </ul>	authorized orida Stati	i by utes	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	,								
12.	Signature, typed or printed name of registered				Age	nt aignature rec	equired when reinstating)  DATE  APPLITIONS (CLAMOSES TO OFFICERS AND DIDECTORS IN 10)		
TITLE	OFFICERS AND DIRECTORS  PD □		DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	FOLEY, MARK		1.2 NA				the state of the s		
STREET ADDRESS	1316 LAKE VICTORIA DRIVI	E				ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461	_		1.4 CIT	FY-51	T-ZIP			
TITLE	_		☐ DELETE	2.1 ¥(T	2.1 TITLE		Change Addition		
NAME	DECKER, ANN L.				ME				
STREET ADDRESS	355 N.E. ELM TERRACE					ADDRESS			
CITY-ST-ZIP TITLE	JENSEN BEACH FL 34957 VD		DELETE	2.4 CI 3.1 TIT		T-ZIP	Change Addition		
NAME	ROBBINS, DIANNE		_ 0	3.1 III			Contribut		
STREET ADDRESS	2512 S.E. ANCHORAGE CO	OVE. G-3				ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			3.4. CI	TY-S	7 - ZIP			
TITLE			DELETE	4.1 707	LE		☐ Change ☐ Addition		
NAME				4. 2 NA	-				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE	IP DELETE			4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition			
NAME			LJ OLLLIL	5.1 III 5.2 NA			□ Visings □ Notifier		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 CIT					
TITLE			☐ DELETE	6.1 TIT			☐ Change ☐ Addition		
NAME				6.2 NA	ME				
STREET ADDRESS				6351	REFT	ADDRESS			

14. I 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:

CITY-ST-ZIP

1 4-6

**FILED** 

Apr 17 1998 8:00am

Secretary of State