

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09414

1. Entity Name

THE CONGRESSIONAL AWARD COUNCIL, 16TH DISTRICT F

Principal Place of Business

250 N.W. COUNTRY CLUB DR.  
COUNTY ANNEX BLDG.  
PORT ST. LUCIE FL 34986  
US

Mailing Address

250 N.W. COUNTRY CLUB DR.  
COUNTY ANNEX BLDG.  
PORT ST. LUCIE FL 34986  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1402442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, BETSY  
250 N.W. COUNTRY CLUB DRIVE  
PORT ST. LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FOLEY, MARK  
STREET ADDRESS 1316 LAKE VICTORIA DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME DECKER, ANN L.  
STREET ADDRESS 355 N.E. ELM TERRACE  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME ROBBINS, DIANNE  
STREET ADDRESS 2512 S.E. ANCHORAGE COVE, G-3  
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

361-878-3181

Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90049 040 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)