

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N09414

1. Entity Name
THE CONGRESSIONAL AWARD COUNCIL, 16TH
DISTRICT FLORIDA, INC.



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

DO NOT WRITE IN THIS SPACE

03302005 No Chg-NP CR2E037 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, MARK 1316 LAKE VICTORIA DRIVE LAKE WORTH, FL 33481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECKER, ANN L. 355 N.E. ELM TERRACE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBBINS, DIANNE 2512 S.E. ANCHORAGE COVE, G-3 PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000285637
04/02/05-80054-008 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

3/30/05 772-878-3181