

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90372 029 ****61.25

DOCUMENT # N09414													
1. Entity Name THE CONGRESSIONAL AWARD COUNCIL, 16TH DISTRICT FLORIDA, INC.													
Principal Place of Business 13517 SOUT HINDIAN RIVER DR. #807 JENSEN BEACH, FL 34986 US			Mailing Address 13517 SOUT HINDIAN RIVER DR. #807 JENSEN BEACH, FL 34986 US										
2. Principal Place of Business - No P.O. Box # 9 S.E. Osceola Street		3. Mailing Address 9 S.E. Osceola Street											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 59-1402442									
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>(Change of address only)</i>			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name Betsy Gibson </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 9 S.E. Osceola Street </td> </tr> <tr> <td style="padding: 2px;"> City Stuart </td> <td style="padding: 2px;"> FL Zip Code 34994 </td> </tr> </table>			Name Betsy Gibson		Street Address (P.O. Box Number is Not Acceptable) 9 S.E. Osceola Street		City Stuart	FL Zip Code 34994		
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Street Address (P.O. Box Number is Not Acceptable) 9 S.E. Osceola Street													
City Stuart	FL Zip Code 34994												
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.													
<table style="width:100%;"> <tr> <td style="width:30%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:30%; text-align: right;"> DATE 3/6/07 </td> </tr> </table>						SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE 3/6/07					
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Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE PD	NAME FOLEY, MARK		TITLE PD	NAME Timothy Mahoney									
STREET ADDRESS 1316 LAKE VICTORIA DRIVE	CITY-ST-ZIP LAKE WORTH, FL 33461		STREET ADDRESS 68 Cayman Place	CITY-ST-ZIP Palm Beach Gardens, FL 33418									
TITLE VD	NAME DECKER, ANN L.		TITLE VD	NAME Sherry McCorkle									
STREET ADDRESS 355 N.E. ELM TERRACE	CITY-ST-ZIP JENSEN BEACH, FL 34957		STREET ADDRESS 18500 Mach One Drive	CITY-ST-ZIP Port St. Lucie, FL 34986									
TITLE VD	NAME ROBBINS, DIANNE		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>										
STREET ADDRESS 2512 S.E. ANCHORAGE COVE, G-3	CITY-ST-ZIP PORT ST. LUCIE, FL 34952		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>										
TITLE 	NAME 		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>										
STREET ADDRESS 	CITY-ST-ZIP 		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>										
TITLE 	NAME 		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>										
STREET ADDRESS 	CITY-ST-ZIP 		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.													
<table style="width:100%;"> <tr> <td style="width:30%;"> SIGNATURE: <i>[Signature]</i> </td> <td style="width:20%; text-align: center;"> <i>VD</i> </td> <td style="width:20%; text-align: right;"> 3-6-07 </td> <td style="width:30%; text-align: right;"> 772-878-3181 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </td> </tr> </table>						SIGNATURE: <i>[Signature]</i>	<i>VD</i>	3-6-07	772-878-3181	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
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