

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90344 028 \*\*\*\*61.25

0096076

**DOCUMENT # N09414**

1. Entity Name

**THE CONGRESSIONAL AWARD COUNCIL, 16TH DISTRICT F  
LORIDA, 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**

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<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	355 N.E. ELM TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 officer-like empowered.

SIGNATURE:

*Ann L. Decker* **Ann L. Decker** 4/21/03 (772) 878-3181

CR2E037 (10/02)