

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N33337** (9)

1. Corporation Name

**CONGRESSIONAL AWARD COUNCIL OF FIRST CONGRESSIONAL DISTRICT OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

CAUDLE, WILLIAM B II  
110 WILLING STREET  
MILTON FL 32570  
US

WILLIAM B CAUDLE II  
110 WILLING STREET  
MILTON FL 32570  
US

3. Date Incorporated or Qualified  
**07/20/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2960603**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **6780 Bunker Hill Circle**

27 **6780 Bunker Hill Cir.**

City & State

City & State

23 **Pensacola Fla.**

28 **Pensacola, Florida**

Zip

Country

Zip

Country

24 **32506**

25 **USA**

29 **32506**

30 **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAUDLE, WILLIAM B II  
110 WILLING ST.  
MILTON FL 32570

81 Name

**Daniel R. Lozier**

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

**125 W. Romana St., Ste. 222**

83

84 City

**Pensacola**

FL

85 Zip Code

**32501**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

**Daniel R. Lozier**

4/3/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD KREHELY, MARTHA**  
STREET ADDRESS **6780 BUNKER HILL CIR**  
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD BALL, ANNA H**  
STREET ADDRESS **6903 KITTY HAWK DR**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D CAUDLE, WILLIAM B III**  
STREET ADDRESS **110 WILLING ST**  
CITY-ST-ZIP **MILTON FL 32570**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Director**  
3.3 STREET ADDRESS **Daniel R. Lozier**  
3.4 CITY-ST-ZIP **125 W. Romana St., Ste. 222 Pensacola, FL 32501**

TITLE ☐ DELETE  
NAME **SD RESTUCHER, MARGARET**  
STREET ADDRESS **3000 CANNONDADE DR**  
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

**Daniel R. Lozier** Dir. **Daniel R. Lozier** 4/3/96

904)469-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)