

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90131 003 \*\*\*\*70.00

**DOCUMENT # N33337**

1. Corporation Name

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

Principal Place of Business  
6780 BUNKER HILL CIRCLE  
PENSACOLA FL 32506  
US

Mailing Address  
6780 BUNKER HILL CIRCLE  
PENSACOLA FL 32506  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/20/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2960603

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZIER, DANIEL R.  
125 W ROMANA ST, STE 224  
PENSACOLA FL 32501

81 Name

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

83

84 City

FL

85 Zip Code

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 was 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KREHELY, MARTHA  
STREET ADDRESS 6780 BUNKER HILL CIR  
CITY-ST-ZIP PENSACOLA FL 32506

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME ~~LOZANO, KAREN~~  
STREET ADDRESS ~~5006 MOORE LANE~~  
CITY-ST-ZIP ~~PENSACOLA FL 32505~~

☒ DELETE

2.1 TITLE SD  
2.2 NAME Margaret Restucher  
2.3 STREET ADDRESS 3000 Cannonade Drive  
2.4 CITY-ST-ZIP Pensacola FL 32506-9679

☒ Change ☐ Addition

TITLE D  
NAME LOZIER, DANIEL R.  
STREET ADDRESS 125 W ROMANA ST, STE 222  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME SHEFFER, JAMES  
STREET ADDRESS 6702 FABIANO STREET  
CITY-ST-ZIP PENSACOLA FL 32506

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James R. Sheffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 850-455-1953  
Date Daytime Phone #

CR2E037 (1/98)

N133337  
532335901313

**PART THREE**      **List of Officers, Directors, Trustees, Employees and**  
**Registered Agent for the Council**

*\*Note: Hours per week requested below does not apply to volunteers.*

Name Address	Title and Average hours per week* devoted to position	Compensation (If not paid, enter zero.)	Contributions to employee benefit plans	Expense account and other allowances
Martha Krehely	President	0	0	0
6780 Bunker Hill Circle Pensacola, FL 32506- 5736				
Margaret Restucher	Secretary	0	0	0
3000 Cannonade Drive Pensacola, FL 32506				
James M. Sheffer	Treasurer	0	0	0
6702 Fabiano Street Pensacola, FL 32506				
Dan Lozier	Legal Advisor	0	0	0
125 W. Romano Street Pensacola, FL 32501				