

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N33337

1. Entity 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



01272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2960603

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

GILLIAM, THOMAS J
SEVILLE TOWER, NINTH FLOOR
226 PALNFOX PLACE
PENSACOLA, FL 32501

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000139049
04/29/04-80105-021 70.00

10. OFFICERS AND DIRECTORS

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

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

TITLE SD
NAME YOUNG, JACKIE
STREET ADDRESS 131 CALLE DE SANTIAGO
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 other like empowered.

SIGNATURE:

Martha L. Krehely (MARTHA L. KREHELY)

4-21-04

880-456-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #