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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10098

(4)

1. Corporation Name

THE WORLD TRADE COUNCIL OF NORTHWEST FLORIDA, IN
C.



Principal Place of Business

Mailing Address

109 E. GARDEN ST.
SUITE D
PENSACOLA FL 32501
US

P.O. BOX 1972
PENSACOLA FL 32589

3. Date Incorporated or Qualified
07/01/1985

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAHAM, CONNIE M
109 E. GARDEN ST. SUITE D
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME INGRAHAM, CONNIE M.
STREET ADDRESS 3635 TIGER PT. BLVD.
CITY-STATE-ZIP GULF BREEZE FL

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

TITLE D
NAME HUTH WILLIAM L.
STREET ADDRESS 11000 UNIVERSITY PARKWAY
CITY-STATE-ZIP PENSACOLA FL 32514

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SD
NAME SILVESTER, TERI
STREET ADDRESS 19 W. GARDEN ST. STE 300
CITY-STATE-ZIP PENSACOLA FL 32501

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

TITLE TD
NAME CAREY, DAN
STREET ADDRESS 109 E. GARDEN ST.
CITY-STATE-ZIP PENSACOLA FL

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

TITLE D
NAME BERRY, TOMMIE L.
STREET ADDRESS 5321 W. HIGHWAY 98
CITY-STATE-ZIP PANAMA CITY FL 32401

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

TITLE D
NAME HAYS, JACK R
STREET ADDRESS 900 N. TWELFTH AVE.
CITY-STATE-ZIP PENSACOLA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: *Albert D. Carey Jr.* ALBERT D. CAREY JR.

4/24/96

904-469-1156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)