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

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N10098

(4)

THE WORLD TRADE COUNCIL OF NORTHWEST FLORIDA, IN

Principal Place of Business

Mailing Address

**FILED** Jun 18 1997 8:00am Secretary of State

| ( IDANIKA) BAI | 40 001 <b>0 0</b> 0761 <b>0 0</b> 16 | 8 1848) 4011 BADI | ik în dia recult rigit | O BIBAL BEBLE LEGE |
|----------------|--------------------------------------|-------------------|------------------------|--------------------|

| 109 E. GARDEI<br>SUITE D<br>PENSACOLA FI<br>US   | •  | P.O. BOX 1972<br>PENSACOLA FL 32589-197 | 72                       |   | Date Incorporated or Qualified     07/01/1985          | 3a. Date of t                  | _ast Report<br>)1/1996       |           |  |  |  |
|--|--|---|--------------------------|---|--|--------------------------------|------------------------------|-----------|--|--|--|
|  | ace of Business  | 2a. Mailing Address                     | <del> </del>             |   | 4. FEI Number  | <u> </u>                       | Applied I                    | or        |  |  |  |
| 21 500 Ba  | utront Parkway   | 26                                      |                          |   | 59-2567938   |                                | Not Appli                    | icable    |  |  |  |
| Sulte, Apt.  | 4 <b>2</b> 8   | Suite, Apt. #, etc.                     |                          |   | 5. Certificate of Status Desired                       | 1 1 **                         | .75 Addition<br>see Required |           |  |  |  |
| City & State 23 CKSAC  | cola FL  | City & State                            |                          |   | 6. Election Campaign Financing Trust Fund Contribution |                                | 5.00 May B                   |           |  |  |  |
| 24 3250  | 4 32501 25 USA 29 30                                   |   |                          | Country  8. This corporation has liability for intangible tax under s. 19 Florida Statutes Yes X No |  |                                |                              | 32,       |  |  |  |
|  | 9. Name and Address of Current                         | Registered Agent                        |                          |   | 10. Name and Address of New Re                         | gistered Agent                 |                              |           |  |  |  |
| 109 E. (<br>- PENSAC   | IAM, CONNIE, M<br>BARDEN ST. SUITE D<br>COLA F2, 32501 |   | 82<br>83<br>84           | Street Add 500  City Peu  | sacola   | FL 85                          | Zip Code<br>32501            |           |  |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Agent agent Agent (NOTE Registered Agent Agen |  |   |                          |   |  |                                |                              |           |  |  |  |
| 12.  | OFFICERS AND   |   | 13.                      | <u> </u>  | ADDITIONS/CHANGES TO OFFICE                            | ERS AND DIRE                   | CTORS IN 1                   | 2 6       |  |  |  |
| TITLE  | PD   | DELETE                                  | 1.1 TITLE                | D   |  | XJ C⊦                          | nange 🔲 A                    | ddition   |  |  |  |
| NAME   | INGRAHAM, CONNIE M.                                    |   | 1.2 NAME                 | Je  | rry Cartwright<br>W. Garden Street, Sui                | 1 -9                           |                              | 1         |  |  |  |
| STREET ADDRESS   | 3635 TIGER PT. BLVD.                                   |   | 1.3 STREET A             | DORESS 19   | w. Garden Street, Su                                   | NE 200                         |                              | ١         |  |  |  |
| CITY-ST-ZIP  | GULF BREEZE FL   |   | 1.4 CITY-ST-             | ZIP YE  | ensacola FL 32501                                      |                                |                              | 8         |  |  |  |
| TITLE  | D  | DELETE                                  | 2.1 TITLE                | (2)   |  | ⊠ Cr                           | nange 🔲 A                    | ddition C |  |  |  |
| NAME   | HUTH WILLIAM L.  |   | 2.2 NAME                 |   | earry Cook   |                                |                              |           |  |  |  |
| STREET ADDRESS   | 11000 UNIVERSITY PARKWAY                               |   | 2.3 STREET AL            | 10  | 14 & Baylen Street                                     |                                |                              |           |  |  |  |
| CITY-ST-ZIP  | PENSACOLA FL 32514                                     | DELETE                                  | 2. 4 CITY - ST           |   | ensacola FL 32301                                      | <b>⊠</b> cr                    | 2222                         | ddition   |  |  |  |
| TITLE  | SD<br>OUVESTED TED                                     | DELETE                                  | 3.1 TITLE                | 1   | nike Saxon   | <b>(a)</b>                     | ialige [] A                  | DUILION   |  |  |  |
| NAME   | SILVESTER, TERI<br>19 W. GARDEN ST. STE 300            |   | 3.2 NAME<br>3.3 STREET A |   | 500 Bayfront Parkway                                   |                                |                              |           |  |  |  |
| STREET ADDRESS CITY-ST-ZIP   | PENSACOLA FL 32501                                     |   | 3.4 CITY-ST              | DONESS  | ensacda FL 32501                                       |                                |                              | i         |  |  |  |
| TITLE  | TD   | DELETE                                  | 4.1 TITLE                | 7   | D  | X CI                           | nange T A                    | ddition   |  |  |  |
| NAME   | CAREY, DAN   |   | 4. 2 NAME                |   | arey, Dan  |                                |                              |           |  |  |  |
| STREET ADDRESS   | 109 E. GARDEN ST.                                      |   | 4.3 STREET A             | DDRESS I  | 99 E. Garden St.                                       |                                |                              |           |  |  |  |
| CITY-ST-ZIP  | PENSACOLA FL   |   | 4.4 CITY-ST-             |   | ensacola FL 32501                                      |                                |                              |           |  |  |  |
| TITLE  | D  | <b>▼</b> DELETE                         | 5.1 TITLE                | I   | >  | <b>⊠</b> cı                    | nange 🔲 A                    | ddition   |  |  |  |
| NAME   | HAYS, JACK R   | -                                       | 5.2 NAME                 | Ta  | yler Jones   | ·<br>· · · · · · · · · · · · · | 1                            | ]         |  |  |  |
| STREET ADDRESS   | 900 N. TWELFTH AVE.                                    |   | 5.3 STREET A             |   | Her Jones<br>18. Box 889 700 S. Ba                     | rracks 3                       | )                            |           |  |  |  |
| CITY-ST-ZIP  | PENSACOLA FL   |   | 5.4.6HX-\$1              | zip Pe  | insacola, FL 32594                                     | (1071)                         | 32594                        |           |  |  |  |
| TITLE  |  | DELETE                                  | 6.1 TITLE                |   |  | ☐ Cr                           | nange 🔲 A                    | ddition   |  |  |  |
| NAME . :   |  |   | 6.2 NAME                 | l   |  |                                |                              | ļ         |  |  |  |
| STREET ADDRESS   | • •  |   | 6.3 STREET AS            | DDRESS  |  |                                |                              |           |  |  |  |
| CITY-ST-ZIP_   |  |   | 6.4 CITY-ST-             | ZIP   | ·  |                                |                              |           |  |  |  |

I do 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. changed, or on an attachment with an address.