

DOCUMENT # N10098

1. Entity Name  
THE WORLD TRADE COUNCIL OF NORTHWEST FLORIDA, IN

Principal Place of Business  
19 W GARDEN ST  
STE 300  
PENSACOLA FL 32501  
US

Mailing Address  
19 W GARDEN ST  
STE 300  
PENSACOLA FL 32501  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1972  
Suite, Apt. #, etc.

City & State  
Pensacola, FL  
Zip  
32589  
Country  
USA

4. FEI Number  
59-2567938  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORDES, BOB  
ONE ENERGY PLACE BIN 0231  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERGEANT, MARCIA		NAME		
STREET ADDRESS	PO BOX 1972		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32589		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDES, BOB		NAME		
STREET ADDRESS	500 BAYFRONT PKWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRAIN, LARRY		NAME		
STREET ADDRESS	19 W GARDEN ST STE 302		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, TYLER		NAME		
STREET ADDRESS	700 S. BARRACKS ST.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCHU, WILLIE		NAME	Willie Brochu	
STREET ADDRESS	70 NORTH BAYLEN ST		STREET ADDRESS	201 N. Palafox St.	
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: MANUALLY REQUIRED 01-04-01 850-595-6065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #