

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000828**

1. Entity Name  
**WORLD TRADE ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business  
**ONE BEACH DRIVE, S.E.  
SUITE 301-C  
ST. PETERSBURG, FL 33701 US**

Mailing Address  
**ONE BEACH DRIVE, S.E.  
SUITE 301-C  
ST. PETERSBURG, FL 33701 US**



08012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3280309</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KOCOUREK, TODD  
1351 NORTH GADSDEN STREET  
TALLAHASSEE, FL 32303**

**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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOGLY, CHARLOTTE P O BOX 590508 MIAMI, FL 33159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZUCARO, ALFRED JR 319 CLEMATIS STREET, #804 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SUTTON, <del>BRYON</del> 201 S. ORANGE AVE -STE 1076 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANKEL, FRED 200 E. LAS OLAS BLVD., #100 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARKER, J. KENNETH ONE BEACH DRIVE, S.E., SUITE 301-C ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOT, JERRY M 3 INDEPENDENT DR JACKSONVILLE, FL 32202

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08/22/06-80004-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-16-06

4076491899