

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000171

1. Entity Name
**INTERNATIONAL LIGHT TACKLE TOURNAMENT
ASSOCIATION, INC.**



Principal Place of Business
622 SOUTH ECHO DRIVE
BRANDON, FL 33511

Mailing Address
622 SOUTH ECHO DRIVE
BRANDON, FL 33511



01312005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0794256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

POWELL, BONNIE L
622 SOUTH ECHO DRIVE
BRANDON, FL 33511

**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 of the person who is the registered agent for the corporation.

Signature of the person who is the registered agent for the corporation.

Signature

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARNES, CARLOS
STREET ADDRESS HACIENDAS DEL MONTE A-1
CITY ST ZIP COTO LAUREL, PONCE, PR 00780

TITLE T
NAME GAVIT, BILL
STREET ADDRESS 1014 KARNAK
CITY ST ZIP CORPUS CHRISTI, TX 78412

TITLE S
NAME POWELL, BONNIE L
STREET ADDRESS 622 SOUTH ECHO DRIVE
CITY ST ZIP BRANDON, FL 33511

TITLE V
NAME SHROEDER, DALE M
STREET ADDRESS 555 BROOKHOLLOW DRIVE
CITY ST ZIP PORT LAVACA, TX 77979

TITLE D
NAME CULLEN, GARRY
STREET ADDRESS HEMINGWAYS, MIDA CREEK DR, WATAHU
CITY ST ZIP KENYA, EAST AFRICA,

TITLE D
NAME HEIL, DAN
STREET ADDRESS 1670 AMATE DRIVE
CITY ST ZIP LA HABRA HEIGHTS, CA 90631

U00000211807
02/02/05-80134-010 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 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:

Bonnie L. Powell (BONNIE L. POWELL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2004 813-689-2496