


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90043 018 \*\*\*\*61.25

<b>DOCUMENT # F96000000171</b> 1. Entity Name <b>INTERNATIONAL LIGHT TACKLE TOURNAMENT ASSOCIATION, INC.</b>					
Principal Place of Business 622 SOUTH ECHO DRIVE BRANDON, FL 33511			Mailing Address 622 SOUTH ECHO DRIVE BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			4. FEI Number <b>52-0794256</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> <b>POWELL, BONNIE L</b> <b>622 SOUTH ECHO DRIVE</b> <b>BRANDON, FL 33511</b>					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNES, CARLOS</b> <b>HACIENDAS DEL MONTE A-1</b> <b>COTO LAUREL, PONCE, PR 00780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GAVIT, BILL</b> <b>1014 KARNAK</b> <b>CORPUS CHRISTI, TX 78412</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>POWELL, BONNIE L</b> <b>622 SOUTH ECHO DRIVE</b> <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>SHROEDER, DALE M</b> <b>555 BROOKHOLLOW DRIVE</b> <b>PORT LAVACA, TX 77979</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARGIE ADAMS</b> <b>1000 WEST LAKE HAMILTON DRIVE</b> <b>WINTER HAVEN, FL 33881</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CULLEN, GARRY</b> <b>HEMINGWAYS, MIDA CREEK DR, WATAHU</b> <b>KENYA, EAST AFRICA,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JAVIER PADILLA</b> <b>AV. UNIVERSIDAD #1320</b> <b>MEXICO D.F., MEXICO 04100</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JIMENEZ, JOSE R</b> <b>HONDURAS ST., #265</b> <b>SAN JUAN, PR 00917</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Bonnie L. Powell</u> <u>4/4/2007</u> <u>813-689-2496</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

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