

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000000171</b> 1. Entity Name <b>INTERNATIONAL LIGHT TACKLE TOURNAMENT ASSOCIATION, INC.</b>	
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Principal Place of Business <b>622 SOUTH ECHO DRIVE BRANDON, FL 33511</b>	Mailing Address <b>622 SOUTH ECHO DRIVE BRANDON, FL 33511</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>52-0794256</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, CARLOS HACIENDAS DEL MONTE A-1 COTO LAUREL,PONCE, PR 00780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVIT, BILL 1014 KARNAK CORPUS CHRISTI, TX 78412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, BONNIE L 622 SOUTH ECHO DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARGIE 1000 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADILLA, JAVIER AV. UNIVERDIDAD #1320 MENITO D F, MEXICO 04100,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIMENEZ, JOSE R HONDURAS ST., #265 SAN JUAN, PR 00917

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01/09/08-80034-013 61.25

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:** *Bonnie L. Powell*  
**BONNIE L. POWELL**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*JANUARY 7, 2008*  
**DATE**

*813-689-2496*  
**DAYTIME PHONE #**