


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004343					
1. Entity Name INTERNATIONAL GAY & LESBIAN TRAVEL ASSOCIATION, INC.					
Principal Place of Business 4331 N. FEDERAL HIGHWAY #304 FORT LAUDERDALE, FL 33308			Mailing Address 4331 N. FEDERAL HIGHWAY #304 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0443108	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TANZELLA, JOHN 4331 N. FEDERAL HIGHWAY #304 FORT LAUDERDALE, FL 33308				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>JOHN TANZELLA</u> <u>EXECUTIVE DIRECTOR</u> <u>6-20-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEVE 1525 ATLANTIC BLVD KEY WEST, FL 33340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000766640 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/26/07-80003-006 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKALLERUD, MATTHEW 955 NORTH VISTA STREET LOS ANGELES, CA 90046	<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	TD GOJKOVICH, SERGE 1158 HYDE PARK AVE BOSTON, MA 02136	<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	SD PENTRACK, JILL 4331 N. FEDERAL HWY., STE. 304 FORT LAUDERDALE, FL 33308	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
SIGNATURE: <u>John K. Tanzella</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>6-20-07</u> <small>Date</small>		<u>954.776.2626</u> <small>Daytime Phone #</small>