

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000004129 (1)**

1. Corporation Name  
**THE REDSNOOK TOURNAMENT, INC.**



Principal Place of Business Mailing Address  
**% THE AMERICAN CANCER SOCIETY 3890-A TAMiami TRAIL PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified **08/29/1995** 3a. Date of Last Report **N/A**  
 4. FEI Number **N/A** Applied For  NOT Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **N/A** 26 **N/A**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **N/A** 27 **N/A**  
 City & State City & State  
 23 **N/A** 28 **N/A**  
 Zip Country Zip Country  
 24 **N/A** 25 **N/A** 29 **N/A** 30 **N/A**

9. Name and Address of Current Registered Agent  
**BARKER, DEBORAH**  
**% THE AMERICAN CANCER SOCIETY**  
**3890-A TAMiami TRAIL**  
**PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent  
 81 Name **DEBORAH BARKER**  
 82 Street Address (P.O. Box Number is Not Acceptable) **AMERICAN CANCER SOCIETY**  
 83 **3890-A TAMiami TRAIL**  
 84 City **PORT CHARLOTTE** FL 85 Zip Code **33952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE *Deborah Barker* DATE **6-18-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUZAN BAKER</b>	
STREET ADDRESS	<b>17400 RIVER RANLH COURT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33982</b>	
TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBORAH BARKER</b>	
STREET ADDRESS	<b>3890-A TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	
TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> DELETE
NAME	<b>JERRY CLEFFI</b>	
STREET ADDRESS	<b>1303 TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RANDY DUNN</b>	
1.3 STREET ADDRESS	<b>329 EAST OLYMPIA AVENUE</b>	
1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DIRECTOR (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JERRY CLEFFI</b>	
3.3 STREET ADDRESS	<b>1303 TAMiami TRAIL</b>	
3.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>600001893886</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-07/16/96--01014--028</b>	
6.3 STREET ADDRESS	<b>***70.00</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *Deborah Barker* DATE: **6-18-96** DAYTIME PHONE #: **941-627-3000**

CR2E037 (3/96)