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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004129 (1)
1. Corporation Name
THE REDSNOOK TOURNAMENT, INC.



Principal Place of Business % THE AMERICAN CANCER SOCIETY 3890-A TAMiami TRAIL PORT CHARLOTTE FL 33952	Mailing Address % THE AMERICAN CANCER SOCIETY 3890-A TAMiami TRAIL PORT CHARLOTTE FL 33952-8401
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3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business % Shallow Water Outfitters	2a. Mailing Address % Shallow Water Outfitters
22. Suite, Apt. #, etc. 1303 TAMiami TRAIL	27. Suite, Apt. #, etc. 1303 TAMiami TRAIL
23. City & State PUNTA GORDA, FLORIDA	28. City & State PUNTA GORDA, FLORIDA
24. Zip 33950	25. Country USA
29. Zip 33950	30. Country U.S.A.

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

c/o Shallow Water Outfitters
1303 Tamiami Tr.
Punta Gorda, FL 33950

10. Name and Address of New Registered Agent

81. Name TARA Russell
82. Street Address (P.O. Box Number is Not Acceptable) 1303 TAMiami TRAIL
83. City PUNTA GORDA
84. State FL
85. Zip Code 33950

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: Jara Russell Tara Russell DATE: 1.9.97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME DUNN, RANDY	DELETED
STREET ADDRESS 329 EAST OLYMPIA AVENUE	CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE D	NAME BARKER, DEBORAH	DELETED
STREET ADDRESS 3890-A TAMiami TRAIL	CITY-ST-ZIP PORT CHARLOTTE FL 33952	
TITLE D	NAME CLEFFI, JERRY	DELETED
STREET ADDRESS 1303 TAMiami TRAIL	CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME JERRY CLEFFI	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.3 STREET ADDRESS 1303 TAMiami TRAIL	1.4 CITY-ST-ZIP PUNTA GORDA, FL 33950	
2.1 TITLE D	2.2 NAME SCOTT RUSH	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.3 STREET ADDRESS 3300 Palm Beach Blvd.	2.4 CITY-ST-ZIP N.Ft. Myers, FL. 33916	
3.1 TITLE D	3.2 NAME JOHN LANDRY	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.3 STREET ADDRESS 320 Cross St	3.4 CITY-ST-ZIP Punta Gorda, FL. 33950	
4.1 TITLE D	4.2 NAME AL FERNANDEZ	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.3 STREET ADDRESS 819 SW 44th St. # D	4.4 CITY-ST-ZIP Cape Coral FL. 33914	
5.1 TITLE D	5.2 NAME STEVE WOLFSON	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.3 STREET ADDRESS 5000 Burnt Store Rd.	5.4 CITY-ST-ZIP Punta Gorda FL. 33955	
6.1 TITLE	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SKATE REQUIRED DATE: 2-9-97 DAYTIME PHONE #: 941-637-9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)