2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N02000006 A CHARITABLE TOURNAM					01-31-2005	90138 02.	5 ****6	1.25
Principal Place 800 SOUTH (SARASOTA, F	OSPREY AVE.	Mailing Address 800 SOUTH OSPREY A SARASOTA, FL 34236	300 SOUTH OSPREY AVE.		. I (BENIA) AN AR	118 11811 89111 88111 881	5000		
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-NP	CR2E037	(10/03)		
City & State		City & State		410 - 211 - 41	4. FEI Number 30-01710	058		<u> </u>	plied For t Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New F	legistered Ag	jent	
		,		Name -	•				٠
PATTERSON, JOHN 46 NORTH WASHINGTON BOULEVARD SUTIE 1 SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)					
57,74001	A, I E 04200			City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registere	ed office or regist	tered agent, or both,	in the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE .						<u>.</u>			
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	Agent signature requi	red when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Ca	ampaign F	inancing	\$5.00 May Be		lake check (
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	ampaign F Contributi	inancing	\$5.00 May Be Added to Fees	Flo	lake check prida Departn	nent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Ca Trust Fund	ampaign F Contribute	inancing ion.	\$5.00 May Be	Flo	lake check prida Departn	CTORS IN	ate
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12. I 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 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/05

9413663600

Daytime Phone #