

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

% THE AMERICAN CANCER SOCIETY
3890-A TAMiami TRAIL
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. N/A

26 Suite, Apt. #, etc. N/A

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKER, DEBORAH
% THE AMERICAN CANCER SOCIETY
3890-A TAMiami TRAIL
PORT CHARLOTTE FL 33952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR
NAME SUZAN BAKER
STREET ADDRESS 17400 RIVER RANLH LOURT
CITY - ST - ZIP PUNTA GORDA, FL 33982

TITLE DIRECTOR (D)
NAME DEBORAH BARKER
STREET ADDRESS 3890-A TAMiami TRAIL
CITY - ST - ZIP PORT CHARLOTTE, FL 33952

TITLE DIRECTOR (D)
NAME JERRY CLEFFI
STREET ADDRESS 1303 TAMiami TRAIL
CITY - ST - ZIP PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE DIRECTOR (D)
1.2 NAME RANDY DUNN
1.3 STREET ADDRESS 329 EAST OLYMPIA AVENUE
1.4 CITY - ST - ZIP PUNTA GORDA, FL 33950

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE DIRECTOR (D)
3.2 NAME JERRY CLEFFI
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP PUNTA GORDA, FL 33950

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013817

CR2E037 (3/96)