

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004129 (1)

1. Corporation Name

THE REDSNOOK TOURNAMENT, INC.



Principal Place of Business	Mailing Address
% THE AMERICAN CANCER SOCIETY 3890-A TAMAMI TRAIL PORT CHARLOTTE FL 33952	% THE AMERICAN CANCER SOCIETY 3890-A TAMAMI TRAIL PORT CHARLOTTE FL 33952-8401

3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 % Shallow Water Outfitters Suite, Apt. #, etc.	26 % Shallow Water Outfitters Suite, Apt. #, etc.
22 1303 TAMAMI TRAIL City & State	27 1303 TAMAMI TRAIL City & State
23 PUNTA GORDA, FLORIDA Zip Country	28 PUNTA GORDA, FLORIDA Zip Country
24 33950 25 USA	29 33950 30 U.S.A.

4. FEI Number NOT APPLICABLE	Applied For 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	

9. Name and Address of Current Registered Agent

~~BARKER, DEBORAH~~
% THE AMERICAN CANCER SOCIETY c/o Shallow Water
3890-A TAMAMI TRAIL 1303 Tamiami Tr. Outfitters
PORT CHARLOTTE FL 33952 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 TAMAMI TRAIL
83
84 City PUNTA GORDA 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 Tara Russell Tara Russell 1.9.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, RANDY	
STREET ADDRESS	329 EAST OLYMPIA AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, DEBORAH	
STREET ADDRESS	3890-A TAMAMI TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEFFI, JERRY	
STREET ADDRESS	1303 TAMAMI TRAIL	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JERRY CLEFFI	
1.3 STREET ADDRESS	1303 TAMAMI TRAIL	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCOTT RUSH	
2.3 STREET ADDRESS	3300 Palm Beach Blvd.	
2.4 CITY-ST-ZIP	N.Ft. Myers, FL. 33916	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN LANDRY	
3.3 STREET ADDRESS	320 Cross St	
3.4 CITY-ST-ZIP	Punta Gorda, FL. 33950	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AL FERNANDEZ	
4.3 STREET ADDRESS	819 SW 44th St. #D	
4.4 CITY-ST-ZIP	Cape Coral FL. 33914	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEVE WOLFSON	
5.3 STREET ADDRESS	5000 Burnt Store Rd.	
5.4 CITY-ST-ZIP	Punta Gorda FL. 33955	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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: Signature Required 2-9-97 941-637-9989
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0057760

CR2E037 (9/96)