

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N98000001796

1. Entity Name
THE SNOOK FOUNDATION, INC.



Principal Place of Business
**1600 KEN THOMPSON PKWY.
SARASOTA, FL 34236**

Mailing Address
**1600 KEN THOMPSON PKWY.
SARASOTA, FL 34236**



02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0839514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HULL, PETER T
1600 KEN THOMPSON PKWY.
SARASOTA, FL 34236**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL, PETER T 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEBER, KENNETH M 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, DONALD 1219 HOTIYEE AVE. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMBROVA, LOU 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIN, KEVIN 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/07-80047-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kenneth M. Leber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2007
Date

Daytime Phone #