2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# N00000004620

Entity Name: SWAMP-TIME BOOGIE CHARITY PRODUCTION FUND, INC.

Current Principal Place of Business:

1214 FLORES AVE.
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1214 FLORES AVE.
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 59-3658805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEDDRICK, LAWRENCE E
1214 FLORES AVE.
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PMC	( ) Delete
Name:	PEDDRICK, LAWRENCE E	
Address:	1214 FLORES AVE	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	DS	( ) Delete
Name:	JETT, MICHELLE N	
Address:	2629 NASSAU STREET	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	( ) Delete
Name:	CURTIN, JOHN J SR	
Address:	2800 PRIVADA SR.	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	D	( ) Delete
Name:	CURTIN, KATHERINE A	
Address:	2800 PRIVADA DR.	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	D	( ) Delete
Name:	PEDDRICK, NADIA M	
Address:	1214 FLORES AVE.	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	D	( ) Delete
Name:	JETT, JOHN C	
Address:	2629 NASSAU STREET	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE E. PEDDRICK PMC 03/22/2007

Electronic Signature of Signing Officer or Director — Date