2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 750416

1. Entity Name
LABELLE SWAMP CABBAGE FESTIVAL, INC.

Principal Place of Business	Mailing Address
125 HICKPOOCHEE AVENUE LABELLE, FL 33935 US	P.O. BOX 2087 LABELLE, FL 33975

01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0150456
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKLAN, LUCRETIA A
1450 MURRAY RD
LABELLE, FL 33935

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STRICKLAND, LUCRETIA A
STREET ADDRESS	1450 MURRAY RD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VCD
NAME	STRICKLAND, LUCRETIA
STREET ADDRESS	1450 MURRAY
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VCD
NAME	PULETTI, PAUL
STREET ADDRESS	110 HARDEE ST
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	MADDOX, W.T.
STREET ADDRESS	203 NORTH RIVERVIEW STREET
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	S
NAME	WICKENDEN, BRENDA
STREET ADDRESS	107 HOWE STREET
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	T
NAME	O'BANNON, BARBARA
STREET ADDRESS	3050 FT. DENAUD
CITY-ST-ZIP	LABELLE, FL 33935

UH0000384382
01/17/06-80009-017 61.25

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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: Lucretia A Strickland 1/9/06 8636755231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #