

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90112 018 ****61.25

DOCUMENT # 750416



1. Entity Name
LABELLE SWAMP CABBAGE FESTIVAL, INC.

Principal Place of Business
125 HICKPOOCHEE AVENUE
LABELLE, FL 33935 US

Mailing Address
P.O. BOX 2081
LABELLE, FL 33975

40120575



2. Principal Place of Business - No P.O. Box #
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0150456

Applied For
Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name **Miller, Joseph Robert**
Street Address (P.O. Box Number is Not Acceptable)
120 Belmont Street
P.O. Box 3033
City **LaBelle** **FL** Zip Code **33975**

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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Joseph Robert Miller 120 Belmont Street LaBelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Kevin Nelson 1232 Riverbend Drive LaBelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rec. Sec. Paul Puletti 110 Hardee Street LaBelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corr. Sec Benita Lehman 900 Aqua Isles Blvd., Lot C-27 LaBelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Sharon Miller 120 Belmont Street LaBelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Craichy 441 First Avenue LaBelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joseph Robert Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-07

Date

239-462-3577

Daytime Phone #