

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750416

FILED
Apr 21, 2009
Secretary of State

Entity Name: LABELLE SWAMP CABBAGE FESTIVAL, INC.

Current Principal Place of Business:

125 HICKPOOCHEE AVENUE
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2081
LABELLE, FL 33975

New Mailing Address:

125 HICKPOOCHEE AVENUE
LABELLE, FL 33935 US

FEI Number: 65-0150456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOSEPH R
120 BELMONT STREET
PO BOX 3033
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

MILLER, JOSEPH R
120 BELMONT STREET
LABELLE, FL 33935 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MILLER, JOSEPH R
Address: 120 BELMONT ST
City-St-Zip: LABELLE, FL 33935

Title: VCD () Delete
Name: TOWNSEND, SARA
Address: 1800 N STATE RD 29
City-St-Zip: FELDA, FL 33930

Title: RC () Delete
Name: PULETTI, PAUL
Address: 110 HARDEE ST
City-St-Zip: LABELLE, FL 33935

Title: CR () Delete
Name: LEHMAN, BENITA
Address: 900 AQUA ISLES BLVD LOT C-27
City-St-Zip: LABELLE, FL 33935

Title: T () Delete
Name: MILLER, SHARON
Address: 120 BELMONT ST
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: CRAICHY, SHARON
Address: 441 FIRST AVE
City-St-Zip: LABELLE, FL 33935

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: CR (X) Change () Addition
Name: LEDERER, HEIDI
Address: 450 N MAIN STREET
City-St-Zip: LABELLE, FL 33935

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

Title: D (X) Change () Addition
Name: HUMPHRIES, MARTHA
Address: 450 N MAIN STREET
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify 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: SHARON MILLER

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date