

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750416

FILED
Mar 30, 2010
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:

125 HICKPOOCHEE AVENUE
LABELLE, FL 33935 US

New Mailing Address:

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

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

Title: RC
Name: LEDERER, HEIDI
Address: 450 N MAIN STREET
City-St-Zip: LABELLE, FL 33935

Title: CR
Name: PULETTI, PAUL
Address: 110 HAARDEE STREET
City-St-Zip: LABELLE, FL 33935

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

Title: D
Name: HUMPHRIES, MARTHA
Address: 450 N MAIN STREET
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: SHARON MILLER

T

03/30/2010

Electronic Signature of Signing Officer or Director

Date