

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750416

FILED
Apr 12, 2011
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:

P.O. BOX 3033
LABELLE, FL 33975 US

FEI Number: 65-0150456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MILLER, SHARON H
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: SHARON H. MILLER

04/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: TOWNSEND, SARAH
Address: 1800 N STATE ROAD 29
City-St-Zip: FELDA, FL 33930 US

Title: VCD
Name: TOWNSEND, SARAH
Address: 1800 N STATE ROAD 29
City-St-Zip: FELDA, FL 33930 US

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

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

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

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

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 H. MILLER

T

04/12/2011

Electronic Signature of Signing Officer or Director

Date