

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90049 043 ****70.00

DOCUMENT # **N00000004620**

1. Entity Name
SWAMP-TIME BOOGIE CHARITY PRODUCTION FUND, INC.



Principal Place of Business
**1214 FLORES AVE.
THE VILLAGES FL 32159**

Mailing Address
**1214 FLORES AVE.
THE VILLAGES FL 32159**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3658805**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEDDRICK, LAWRENCE E
1214 FLORES AVE.
THE VILLAGES FL 32159**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PMC	<input type="checkbox"/> Delete
NAME	PEDDRICK, LAWRENCE E	
STREET ADDRESS	1214 FLORES AVE	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JETT, MICHELLE N	
STREET ADDRESS	4179 WINNERS CIRCLE #416	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIN, JOHN J SR	
STREET ADDRESS	2800 PRIVADA SR.	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIN, KATHERINE A	
STREET ADDRESS	2800 PRIVADA DR.	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDDRICK, NADIA M	
STREET ADDRESS	1214 FLORES AVE.	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHENK, RICHARD E	
STREET ADDRESS	1609 MYRTLE BEACH DR.	
CITY-ST-ZIP	THE VILLAGES FL 32159	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. JETT	
STREET ADDRESS	4179 WINNERS CIRCLE #416	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence E Peddrick*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 2003 (352) 750-3498

CR2E037 (10/02)