2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N05000009737

Entity Name: SWAMP CABBAGE QUEEN AND PRINCESS PAGEANT, INC.

Current Principal Place of Business:

1120 CAPT HENDRY DR.
LABELLE, FL 33975 US

New Principal Place of Business:

82 MARION DR
FELDA, FL 33930 US

Current Mailing Address:

PO BOX 154
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 03-0578424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, CATHRYN G
975 FORT THOMPSON AVENUE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

BRANT, MELINDA
82 MARION DR
FELDA, FL 33930 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: MELINDA BRANT 03/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, CATHRYN G
Address: 975 FORT THOMPSON AVENUE
City-St-Zip: LABELLE, FL 33935 US

Title: VP ( ) Delete
Name: MERRITT, JERRI LYNN
Address: 82 MARION DRIVE
City-St-Zip: FELDA, FL 33935 US

Title: S ( ) Delete
Name: ORLINSKI, MELINDA B
Address: PO BOX 154
City-St-Zip: LABELLE, FL 33975 US

Title: TREA ( ) Delete
Name: HARRIS-WHITE, KIMBERLY
Address: 75 N BRIDGE STREET
City-St-Zip: LABELLE, FL 33935 US

Title: SD ( ) Delete
Name: MILLER, CYNTHIA H
Address: 975 FORT THOMPSON AVENUE
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MERRITT, JERRILYNN
Address: 82 MARION DR
City-St-Zip: FELDA, FL 33930 US

Title: VP (X) Change ( ) Addition
Name: KENNEY, BRITTNEY
Address: HWY. 78
City-St-Zip: LABELLE, FL 33935 US

Title: TREA (X) Change ( ) Addition
Name: BRANT, MELINDA
Address: PO BOX 154
City-St-Zip: LABELLE, FL 33975 US

Title: S (X) Change ( ) Addition
Name: HARRIS-WHITE, KIMBERLY
Address: 75 N BRIDGE STREET
City-St-Zip: LABELLE, FL 33935 US

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

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: MELINDA BRANT TREA 03/11/2009
Electronic Signature of Signing Officer or Director Date