

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90041 029 ****61.25

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|--|---|---|--|
| DOCUMENT # N06000010144 1. Entity Name THE SWAMP SHACK SCHOLARSHIP FUND CORPORATION | | | |
| Principal Place of Business 233 OVERBROOK DRIVE CASSELBERRY, FL 32707 | | Mailing Address 233 OVERBROOK DRIVE CASSELBERRY, FL 32707 | |
| 2. Principal Place of Business - No P.O. Box # 233 Overbrook Drive Suite, Apt. #, etc. | | 3. Mailing Address 233 Overbrook Drive Suite, Apt. #, etc. | |
| City & State Casselberry FL Zip 32707 | | City & State Casselberry, FL Zip 32707 | |
| Country Seminole | | Country Seminole | |
| 4. FEI Number 20-5363323 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWEET, TERESA D 233 OVERBROOK DRIVE CASSELBERRY, FL 32707 | | 7. Name and Address of New Registered Agent Name Teresa D. Sweet Street Address (P.O. Box Number is Not Acceptable) 233 Overbrook Drive City Casselberry | |
| FL | | Zip Code 32707 | |
| 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 <u><i>Teresa D. Sweet</i></u> , Teresa D. Sweet 4/1/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT <input type="checkbox"/> Delete SWEET, TERESA D 233 OVERBROOK DRIVE CASSELBERRY, FL 32707 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Delete ALMOND, KAREN L 792 N TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition No Change | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition No Change | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Teresa D. Sweet</i></u> , Teresa D. Sweet | | Date 4/1/2007 Daytime Phone # 407-695-6684 | |

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