

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001942

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: WEEKI WACHEE SWAMP FESTIVAL, INC.

## Current Principal Place of Business:

7442 SHOAL LINE BLVD  
WEEKI WACHEE, FL 34607

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 842  
ARIPEKA, FL 34679

## New Mailing Address:

7442 SHOAL LINE BLVD  
WEEKI WACHEE, FL 34607

FEI Number: 59-3374398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOBBS, MARY  
12475 KILLDEER  
WEEKI WACHEE, FL 34614 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: PD ( ) Delete  
Name: DAVIDSON, ROGER J  
Address: 6450 ARBUTUS AVENUE  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VPD ( ) Delete  
Name: STEELE, ED  
Address: 5421 GAY ST  
City-St-Zip: WEEKI WASHEE, FL 34607

Title: TD ( ) Delete  
Name: KNOTTS, SHIRLEY  
Address: 6817 E. RICHARD DR  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: SD ( ) Delete  
Name: WELLS, TRUDY  
Address: 6309 FINE ST  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: SHAFFER, KAY  
Address: 7292 ARBORDALE DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: ATD (X) Change ( ) Addition  
Name: KNOTTS, SHIRLEY  
Address: 6817 EAST RICHARD DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: SD ( ) Change (X) Addition  
Name: CANNARIATO, IDA  
Address: 6679 WEST RICHARD DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

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: ROGER J. DAVIDSON

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date