

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011938

**FILED**  
**Jan 28, 2020**  
**Secretary of State**  
**2717869037CC**

**Entity Name:** SWAMP GIRL ADVENTURES CORPORATION

**Current Principal Place of Business:**

5083 BISCAYNE RD  
KISSIMMEE, FL 34746

**Current Mailing Address:**

PO BOX 840  
INTERCESSION CITY, FL 33848 US

**FEI Number: 27-3921041**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TITTERINGTON, CHARLES A  
5083 BISCAYNE RD  
KISSIMMEE, FL 34746 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           TITTERINGTON, KIMBERLY D  
Address       5083 BISCAYNE RD  
City-State-Zip: KISSIMMEE FL 34746

Title           OFFICER, ART DIRECTOR,  
SECRETARY  
Name           TITTERINGTON, CHARLES A  
Address       5083 BISCAYNE RD  
City-State-Zip: KISSIMMEE FL 34746

Title           TREASURER  
Name           KIRKLAND, RON  
Address       5090 PALMETTO RD  
City-State-Zip: KISSIMMEE FL 34746

Title           OFFICER, STRATEGIC PLANNING  
Name           DUDLEY, ADAM  
Address       PO BOX 840  
City-State-Zip: INTERCESSION CITY FL 33848

Title           OFFICER, MEMBER AT LARGE  
Name           RUGGERI, JOHN  
Address       PO BOX 840  
City-State-Zip: INTERCESSION CITY FL 33848

Title           NEWSLETTER EDITOR  
Name           TITTERINGTON, VALA  
Address       PO BOX 840  
City-State-Zip: INTERCESSION CITY FL 33848

Title           EVENT ORGANIZER  
Name           VILLANUEVA, YESSENIA  
Address       PO BOX 840  
City-State-Zip: INTERCESSION CITY FL 33848

*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: KIMBERLY TITTERINGTON**

**DIRECTOR**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date