

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002313

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** ALL KIDS PLAY FOUNDATION OF CORKSCREW COMMUNITY, INC.

**Current Principal Place of Business:**

15275 COLLIER BLVD. 201 PMB 568  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

15275 COLLIER BLVD. 201 PMB 568  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 20-8578919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUTHWICK, BARBARA  
780 GRAND RAPIDS BLVD.  
NAPLES, FL 34120 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: C ( ) Delete  
Name: PANGARIBUAN, CASSY  
Address: 481 37TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: T ( ) Delete  
Name: SOUTHWICK, BARBARA  
Address: 780 GRAND RAPIDS BLVD  
City-St-Zip: NAPLES, FL 34120

Title: VC ( ) Delete  
Name: JERRY, PANGARIBUAN  
Address: 37TH AVE NE  
City-St-Zip: NAPLES, FL 34120

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

Title: S ( ) Change (X) Addition  
Name: WILKINSON, TRICIA  
Address: 4515 WILSON BLVD N  
City-St-Zip: NAPLES,, FL 34120

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: BARBARA SOUTHWICK

T

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date