

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005805

FILED
May 19, 2009
Secretary of State

Entity Name: THE PUZZLE PLACE FOUNDATION, INC.

Current Principal Place of Business:

5933 W. HILLSBORO BLVD
129
PARKLAND, FL 33067

New Principal Place of Business:

6200 SWANS TERRACE
A
COCONUT CREEK, FL 33073

Current Mailing Address:

5933 W. HILLSBORO BLVD
129
PARKLAND, FL 33067

New Mailing Address:

6200 SWANS TERRACE
A
COCONUT CREEK, FL 33073

FEI Number: 30-0263832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEMMA, CLEO
5933 W. HILLSBORO BLVD
129
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

CAMPBELL, KRISTIN
10292 OASIS PALM DRIVE
C
TAMPA, FL 33615 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: KRISTIN CAMPBELL

05/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACKBURN, ELLEN B
Address: 6200 SWANS TER
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV () Delete
Name: CAMPBELL, KRISTIN
Address: 10292 OASIS PALM DRIVE
City-St-Zip: TAMPA, FL 33615

Title: DS () Delete
Name: GARDNER, JILL
Address: 6430 NW 41ST TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

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: DT () Change (X) Addition
Name: DEMMA, CLEO
Address: 325-BAYSTREET
City-St-Zip: APOPKA, FL 32712

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: KRISTIN CAMPBELL

DV

05/19/2009

Electronic Signature of Signing Officer or Director

Date