

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Mar 06, 2011  
Secretary of State

Entity Name: PELICAN PLAYHOUSE INC.

**Current Principal Place of Business:**

9780 EAST INDIGO STREET, SUITE 201  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

255 SPRINGS AVENUE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

9780 EAST INDIGO STREET, SUITE 201  
PALMETTO BAY, FL 33157

**New Mailing Address:**

255 SPRINGS AVENUE  
MIAMI SPRINGS, FL 33166

FEI Number: 27-1087261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, GLENN W ESQ.  
LAW OFFICE OF GLENN W. WILLIAMS, P.A.  
9780 EAST INDIGO STREET, SUITE 201  
PALMETTO BAY, FL 33157 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: D/P  
Name: WAKEFIELD, RALPH E  
Address: 255 SPRINGS AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D/C  
Name: JONES, NANCY  
Address: 255 SPRINGS AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D  
Name: CARTWRIGHT, PARNES  
Address: 6770 INDIAN CREEK DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D  
Name: CHANDLER, TAMMY  
Address: 464 ORIOLE AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D/T  
Name: GAUZENS, SUSIE  
Address: 1151 NIGHTINGALE AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D  
Name: PORTER, SHERRIE  
Address: 8950 SW 69 COURT #111  
City-St-Zip: PINECREST, FL 33156

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: NANCY JONES

D/C

03/06/2011

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

\_\_\_\_\_  
Date