

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005416

FILED
Sep 01, 2009
Secretary of State

Entity Name: PLAYTIME EVANGELICAL MINISTRY, INC.

Current Principal Place of Business:

1103 E. CAMELLIA DRIVE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

1103 E. CAMELLIA DRIVE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-3490635 **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:

SCHULTZ, KATHY
1103 E. CAMELLIA DRIVE
BRANDON, FL 33510 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: DP () Delete
Name: THOMAS, SCHULTZ A MR.
Address: 1103 E. CAMELLIA DR.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: WHITMORE, KRA MR.
Address: 1918 GATOR CREEK RANCH RD
City-St-Zip: LAKE LAND, FL 33809

Title: D () Delete
Name: WHITMORE, LYNNE MRS.
Address: 1918 GATOR CREEK RANCH RD.
City-St-Zip: LAKE LAND, FL 33809

Title: D () Delete
Name: MALLOW, JANET MRS.
Address: 1103 E. CAMELLIA DR.
City-St-Zip: BRANDON, FL 33510

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

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: THOM A. SCHULTZ

D/P

09/01/2009

Electronic Signature of Signing Officer or Director

Date