DOCUMENT # N99000002409 1. Entity Name CHILD'S PLAY FOUNDATION, INC. The property of the pro							State
Principal Place of Business Mailing Address 14 HICKORY AVE YANKEETOWN FL 34498 Mailing Address 14 HICKORY AVE YANKEETOWN FL 34498						7 1 2 5 3 °C	-
2. Principal Place of Business 550 + Wy + W Suite, Apt. #, etc. 3. Mailing Addr. Suite, Apt. #					DO NOT WRITE IN THIS SPACE		
Ingili	s, Florida	City & State			4. FEI Number 59-3620040 Applied For Not Applicable		
3444	1 2019	Zip	Cou	intry		Fee l	75 Additional Required
	6. Name and Address of Current	negistered Agent		7. Name and Address of New Registered Agent Name		t	
PHARES, PENNY 14 HICKORY AVENUE YANKEETOWN FL 34498				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Źip Code			
SIGNATURE	e named intity submits this statement for the st	Thore	Registered	ng L	Phare	1.	
				, (60		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI MOURFIELD, CASSANDRA 15325 WEST RIVER ROAD INGLIS FL 34449	RECTORS Delete			ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECT	Change Addition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PHARES, PENNY 14 HICKORY AVENUE YANKEETOWN FL 34498	☐ Delete		ET ADDRESS ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYBON, CINDIE 189 EAST SAVOY STREET LECANTO FL 34461	☐ Delete		T ADDRESS ST-ZIP			change Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLER, ELLIE 42 MAGNOLIA AVENUE YANKEETOWN FL 34498	□ Delete		T ADDRESS ST-ZIP			hange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, ROBERT 10118 SHORTWOOD LN ORLANDO FL 32836	□ Delete	NAME STREE	T ADDRESS ST-ZIP		_ c	hange
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S			_ c	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report ensurplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeit er or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							