

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002409**

1. Entity Name

CHILD'S PLAY FOUNDATION, INC.

Principal Place of Business

**550 HWY 40 W
INGLIS FL 34498**

Mailing Address

**14 HICKORY AVE
YANKEETOWN FL 34498**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3620040

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHARES, PENNY
14 HICKORY AVENUE
YANKEETOWN FL 34498**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **MOURFIELD, CASSANDRA**
STREET ADDRESS **15325 WEST RIVER ROAD**
CITY-ST-ZIP **INGLIS FL 34449**TITLE **DS** ☒ Delete
NAME **PHARES, PENNY**
STREET ADDRESS **14 HICKORY AVENUE**
CITY-ST-ZIP **YANKEETOWN FL 34498**TITLE **D** ☐ Delete
NAME **RAYBON, CINDIE**
STREET ADDRESS **189 EAST SAVOY STREET**
CITY-ST-ZIP **LECANTO FL 34461**TITLE **VD** ☐ Delete
NAME **SCHILLER, ELLIE**
STREET ADDRESS **42 MAGNOLIA AVENUE**
CITY-ST-ZIP **YANKEETOWN FL 34498**TITLE **PD** ☐ Delete
NAME **MYERS, ROBERT**
STREET ADDRESS **10118 SHORTWOOD LN**
CITY-ST-ZIP **ORLANDO FL 32836**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **Piasecki, George**
STREET ADDRESS **8658 N Pressnell Terr**
CITY-ST-ZIP **Dunnellon, Fla 34433**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or supplemental 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 receiver 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90076 007 ****70.00

80042794

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)