2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# N99000002409

Entity Name: CHILD'S PLAY FOUNDATION, INC.

Current Principal Place of Business:

550 HWY 40 W
INGLIS, FL 344496

New Principal Place of Business:

Current Mailing Address:

14 HICKORY AVE
YANKEETOWN, FL 34498

New Mailing Address:

FEI Number: 59-3620040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHARES, PENNY
14 HICKORY AVENUE
YANKEETOWN, FL 34498 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: TD ( ) Delete
Name: PIASECKI, GEORGE
Address: 8658 N PRESSNELL TERR
City-St-Zip: DUNNELLON, FL 34433

Title: D ( ) Delete
Name: RAYBON, CINDIE
Address: 189 EAST SAVOY STREET
City-St-Zip: LECANTO, FL 34461

Title: VD ( ) Delete
Name: SCHILLER, ELLIE
Address: 42 MAGNOLIA AVENUE
City-St-Zip: YANKEETOWN, FL 34498

Title: PD ( ) Delete
Name: MYERS, ROBERT
Address: 10118 SHORTWOOD LN
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete
Name: ROTH, JANICE
Address: 4815 S. MAHGONY TERR.
City-St-Zip: INVERNESS, FL 34450

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLIE SCHILLER VD 01/27/2004
Electronic Signature of Signing Officer or Director — Date