


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002409</b> 1. Entity Name <b>CHILD'S PLAY FOUNDATION, INC.</b>	
--	---

Principal Place of Business <b>ISAIAH'S PLACE 6210 HARMONY LANE YANKEETOWN, FL 34498</b>	Mailing Address <b>ISAIAH'S PLACE 6210 HARMONY LANE YANKEETOWN, FL 34498</b>
---	---



01182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3620040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PHARES, PENNY 14 HICKORY AVENUE YANKEETOWN, FL 34498</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000610860</b> <b>02/02/07-00038-004 61.25</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIASECKI, GEORGE 8858 N PRESSNELL TERR DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYBON, CINDIE 189 EAST SAVOY STREET LECANTO, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLER, ELLIE 42 MAGNOLIA AVENUE YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, MARGIE 7800 W FLORASUN LANE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANNACOLE, LORRAINE 325 NE CRYSTAL ST CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *George P. Piasecki* **1-22-07** **352-447-1175**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #