2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002409

Entity Name: CHILD'S PLAY FOUNDATION, INC

7800 W FLORASUN LANE

ANNACOLE, LORRAINE

325 NE CRYSTAL ST

CRYSTAL RIVER, FL 34428

CRYSTAL RIVER, FL 34428

() Delete

Address:

Title:

Name:

Address: City-St-Zip:

City-St-Zip:

FILED Apr 14, 2008 Secretary of State

•		. —				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	PLACE MONY LANE OWN, FL 344	98				
Current Mailing Address:			New Maili	New Mailing Address:		
	PLACE MONY LANE OWN, FL 344	98				
FEI Number:	59-3620040	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	PENNY RY AVENUE OWN, FL 344	98 US				
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PIASECKI, GE 8658 N PRESS	SNELL TERR	Title: Name: Address: City-St-Zip:	4629 PAME	(X) Change () Addition SSEN, JOANNE ELA DRIVE DWN, FL 34498	
Title: Name: Address: City-St-Zip:	D (RAYBON, CINI 189 EAST SAV LECANTO, FL	OY STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (SCHILLER, EL 42 MAGNOLIA YANKEETOWN	AVENUE	Title: Name: Address: City-St-Zip:	VD BADOLATO 33 S. FILLN BEVERLY I		
Title: Name:	TD (MILLER, MARG) Delete GIE	Title: Name:	TD ANNACONE	(X) Change()Addition E, LORRAINE	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

2690 W. LAUREEN ST

YANKEETOWN, FL 34498

(X) Change () Addition

LECANTO, FL 34461

JUNE, PROFFIT

22 67TH STREET

SIGNATURE: JOANNE JOHANNASSEN PD 04/14/2008