

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002409

FILED
Feb 25, 2009
Secretary of State

Entity Name: CHILD'S PLAY FOUNDATION, INC.

Current Principal Place of Business:

ISAIAH'S PLACE
6210 HARMONY LANE
YANKEETOWN, FL 34498

New Principal Place of Business:

Current Mailing Address:

ISAIAH'S PLACE
6210 HARMONY LANE
YANKEETOWN, FL 34498

New Mailing Address:

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

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: PD () Delete
Name: JOHANNASSEN, JOANNE
Address: 4629 PAMELA DRIVE
City-St-Zip: YANKEETOWN, FL 34498

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

Title: VD () Delete
Name: BADOLATO, RONNIE
Address: 33 S. FILLMORE ST.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TD () Delete
Name: ANNAcone, LORRAINE
Address: 2690 W. LAUREEN ST
City-St-Zip: LECANTO, FL 34461

Title: SD () Delete
Name: JUNE, PROFFIT
Address: 22 67TH STREET
City-St-Zip: YANKEETOWN, FL 34498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAUDTE, DONNA
Address: 16257 W RIVER RD
City-St-Zip: INGLIS, FL 34449

Title: D (X) Change () Addition
Name: KEITH, MARTHA
Address: 335 W OLYMPIA ST
City-St-Zip: HERNANDO, FL 34442

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

Title: TD (X) Change () Addition
Name: KOOLE, JUDITH
Address: 2400 FOREST DR #102
City-St-Zip: INVERNESS, FL 34453

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

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.

SIGNATURE: PENNY L. PHARES

RA

02/25/2009

Electronic Signature of Signing Officer or Director

Date