# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714955 (2)

1. Corporation Name

HILLSBOROUGH COUNTY CHILDREN'S SERVICES VOLUNTEE R LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3110 CLAY MANGUM LANE<br>TAMPA FL 33618 | 3110 CLAY MANGUM LANE<br>TAMPA FL 33618 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1968
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1266483 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SYKES, LEROY<br>904 SO. BROAD ST.<br>PLANT CITY FL 33566 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Leroy Sykes 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SYKES, LEROY | 1.2 NAME | |
| STREET ADDRESS | 904 S BROAD ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33566 | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | WISE, DORIS C | 2.2 NAME | |
| STREET ADDRESS | 5006 E CLUSTER AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | DS | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | RIGGS, CYNTHIA | 3.2 NAME | |
| STREET ADDRESS | 4438 TARPON DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | PD | 4.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | SIEGEL, LAWRENCE | 4.2 NAME | LAMLEIN, MARK B. |
| STREET ADDRESS | 8714 HIGHLAND AVE | 4.3 STREET ADDRESS | 15331 WINDING CREEK DR. |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | TAMPA, FL 33613 |
| TITLE | VD | 5.1 TITLE | VD ☒ Change ☐ Addition |
| NAME | NEWMAN, ARLENE | 5.2 NAME | NEWMAN, ARLENE |
| STREET ADDRESS | 4813 UMBER CT | 5.3 STREET ADDRESS | 16131 VANDERBILT DR. |
| CITY-ST-ZIP | TAMPA FL 33624 | 5.4 CITY-ST-ZIP | ODESSA, FL 33556 |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris C Wise Doris C Wise, Treasurer 2/13/95 225-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0054401