


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90027 007 \*\*\*\*61.25


|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # 714955.</b>  |         |  |         |
| 1. Entity Name<br><b>HILLSBOROUGH COUNTY CHILDREN'S SERVICES<br/>VOLUNTEER LEAGUE, INC.</b>                          |         |   |         |
| Principal Place of Business<br><b>3110 CLAY MANGUM LANE<br/>TAMPA FL 33618</b>                                       |         | Mailing Address<br><b>3110 CLAY MANGUM LANE<br/>TAMPA FL 33618</b>                |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>SYKES, LEROY<br/>904 SO. BROAD ST.<br/>PLANT CITY FL 33566</b> |         | 7. Name and Address of New Registered Agent                                       |         |
|  |         | Name  |         |
|  |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
|  |         | City  |         |
|  |         | <b>FL</b> Zip Code  |         |



MOORE CR2E037 (11/03)

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number<br><b>59-1266483</b>                        |  | Applied For<br>Not Applicable             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional<br/>Fee Required</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.

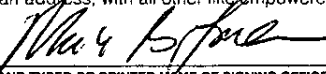
SIGNATURE:  DATE: **2-4-04**

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

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CRAWLEY, RUDEAN<br>16511 LONESDALE PL<br>TAMPA FL 33624-1206 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WISE, DORIS C<br>7119 YARDLEY WAY<br>TAMPA, FL 00000 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>RIGGS, CYNTHIA<br>16046 PENWOOD DRIVE<br>TAMPA, FL 00000 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LAMLEIN, MARK B<br>19113 MANDARIN GROVE PLACE<br>TAMPA FL 33647 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CUELLAR-STILO, MARY LOU<br>9311 HERITAGE OAK COURT<br>TAMPA FL 33647 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Thomas, Paula<br>14107 Barsdale Lane<br>Tampa, FL 33625 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **2/11/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #