

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90042 027 ****61.25

DOCUMENT # 714955
 1. Entity Name
HILLSBOROUGH COUNTY CHILDREN'S SERVICES VOLUNTEER LEAGUE, INC.



40061674



Principal Place of Business
 3110 CLAY MANGUM LANE
 TAMPA, FL 33618

Mailing Address
 3110 CLAY MANGUM LANE
 TAMPA, FL 33618

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1266483

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SYKES, LEROY
 904 SO. BROAD ST.
 PLANT CITY, FL 33566

7. Name and Address of New Registered Agent

Name **Thomas N. Papin**
 Street Address (P.O. Box Number is Not Acceptable)
3110 CLAY MANGUM LANE
 City **TAMPA** FL Zip Code **33618-2501**

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 *Thomas Papin* DATE **3-14-2005**

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**
 NAME **CRAWLEY, RUDEAN** Delete
 STREET ADDRESS **16511 LONESDALE PL**
 CITY-ST-ZIP **TAMPA, FL 336241206**

TITLE **PD** Change Addition
 NAME **CRAWLEY, RUDEAN R.**
 STREET ADDRESS **16551 LONESDALE PL**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **SD** Delete
 NAME **HART, CONNIE**
 STREET ADDRESS **9758 FOX HOLLOW RD**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VD** Change Addition
 NAME **THOMAS, PAULA J.**
 STREET ADDRESS **9415 N. BOULEVARD**
 CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **TD** Delete
 NAME **LAMLEIN, MARK B**
 STREET ADDRESS **19113 MANDARIN GROVE PLACE**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **SD** Change Addition
 NAME **MOORE, DONIS G.**
 STREET ADDRESS **3110 CLAY MANGUM LANE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **PD** Delete
 NAME **CUELLAR-STILO, MARY LOU**
 STREET ADDRESS **9311 HERITAGE OAK COURT**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Mark B. Lamlein* **MARK B. LAMLEIN** TREASURER DATE **3/10/05** (813) 899-4061