2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 714955 1. Entity Name HILLSBOROUGH COUNTY CHILDREN'S SERVICES VOLUNTEER LEAGUE, INC.)3-16-2005 90	0042 027 ****6	1.25	
Principal Place of Business 3110 CLAY MANGUM LANE TAMPA, FL 33618		Mailing Address 3110 CLAY MANGUM LANE TAMPA, FL 33618			40021214			
		•						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 C	hg-NP C	R2E037 (10/03)		
City & State		City & State		4. FEI Number 59-126648	33	No	pplied For at Applicable	
Zìp	Country	Zip	Country	5. Certificate of S	•	S8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent	Name		dress of New Regis	stered Agent		
SYKES, LI	EROY		I NOMAS TO TAPIN					
904 SO. BROAD ST. PLANT CITY, FL 33566			Street Address (P.O. Box Number is Not Acceptable) 31/0 CLAY MAMYUM Line					
			City -			Tip Code		
			/	TAMPA			8-2501	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
SIGNATURE	home	stopen	_	. 4	3-	14- 200 S	5	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature r	required when reinstating)		DATE	•	
	Signature, typed of printed name of registered agent are Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be	Make	check payable to Department of St	5	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI	9. Election Camp Trust Fund Col	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make Florida	check payable to Department of St	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Col	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make Florida EES TO OFFICERS A AN R. a/E PL	check payable to Department of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI VD CRAWLEY, RUDEAN 16511 LONESDALE PL TAMPA, FL 336241206 SD HART, CONNIE 9758 FOX HOLLOW RD	9. Election Camp Trust Fund Cor	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGED FOR LONES DATE TAMPA, FL 3 TOD THOMAS, PAULA J. 19415 N. Boule	Make Florida AN R. 9/E PL 23624	check payable to Department of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI VD CRAWLEY, RUDEAN 16511 LONESDALE PL TAMPA, FL 336241206 SD HART, CONNIE 9758 FOX HOLLOW RD TAMPA, FL 33647	9. Election Camp Trust Fund Cor ECTORS Delete	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE FOR AULEY, RULEY RULES DATE OF TAMPA, FL 3 TAMPA, PAULA J. 9415 N. BOULE TAMPA, FL 336	Make Florida ES TO OFFICERS A A/E PL 23624	e check payable to Department of St AND DIRECTORS IN Carchange	ade 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI VD CRAWLEY, RUDEAN 16511 LONESDALE PL TAMPA, FL 336241206 SD HART, CONNIE 9758 FOX HOLLOW RD	9. Election Camp Trust Fund Coi ECTORS Delete Delete	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGED FRAULEY, RUGETIONS OF TAMPA, FL 3 VD THOMAS, PAULA J. 3415 N. BOULETAMPA, FL 336 TAMPA, FL 336 MODIE, DONI 2(10 Clay MAN	Make Florida EES TO OFFICERS A AN R. A/E PL 23624 Evand 512 5 G. Ugun Lanc	e check payable to Department of St AND DIRECTORS IN Change	ate 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI VD CRAWLEY, RUDEAN 16511 LONESDALE PL TAMPA, FL 336241206 SD HART, CONNIE 9758 FOX HOLLOW RD TAMPA, FL 33647 TD LAMLEIN, MARK B 19113 MANDARIN GROVE PLAC TAMPA, FL 33647 PD CUELLAR-STILO, MARY LOU 9311 HERITAGE OAK COURT	9. Election Camp Trust Fund Coi ECTORS Delete Delete	paign Financing ontribution. 11. IITLE PARME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGED FAMILY, RUGETISSI LONES DATE TAMPA, FL 3 VD THOMAS, PAULA J. 9415 N. BOULE TAMPA, FL 336 TAMPA, FL 336 MODE, DONE	Make Florida EES TO OFFICERS A AN R. A/E PL 23624 Evand 512 5 G. Ugun Lanc	e check payable to Department of St AND DIRECTORS IN Change	ade 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI VD CRAWLEY, RUDEAN 16511 LONESDALE PL TAMPA, FL 336241206 SD HART, CONNIE 9758 FOX HOLLOW RD TAMPA, FL 33647 TD LAMLEIN, MARK B 19113 MANDARIN GROVE PLAC TAMPA, FL 33647 PD CUELLAR-STILO, MARY LOU	9. Election Camp Trust Fund Coi ECTORS Delete Delete	Daign Financing ontribution. 11. IITLE NAME STREET ADDRESS / CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGED FRAULEY, RUGETIONS OF TAMPA, FL 3 VD THOMAS, PAULA J. 3415 N. BOULETAMPA, FL 336 TAMPA, FL 336 MODIE, DONI 2(10 Clay MAN	Make Florida EES TO OFFICERS A AN R. A/E PL 23624 Evand 512 5 G. Ugun Lanc	e check payable to Department of St AND DIRECTORS IN Change	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: Mark by Jule

Mark by Jule Mark B. Lom/EIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TMASURER

3/10/05

(813)899-406 Dayline Phone #