
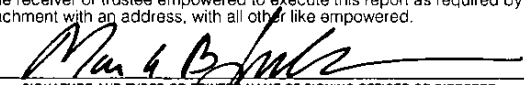


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90056 017 ****70.00

DOCUMENT # 714955					
1. Entity Name HILLSBOROUGH COUNTY CHILDREN'S SERVICES VOLUNTEER LEAGUE, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1266483 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAPIN, THOMAS N 3110 CLAY MANGUM LANE TAMPA, FL 33618-2501			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWLEY, RUDEAN R		NAME	BENNETT, CAROLYN	
STREET ADDRESS	16511 LONESDALE PL		STREET ADDRESS	1728 RYAN DRIVE	
CITY-ST-ZIP	TAMPA, FL 336241206		CITY-ST-ZIP	LOT 2, FL 33549	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASKIN, JANICE		NAME	HARRIS, CAROL	
STREET ADDRESS	14506 ANCHOR ST. RD		STREET ADDRESS	6623 STONINGTON DRIVE NORTH	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMLEIN, MARK B		NAME		
STREET ADDRESS	19113 MANDARIN GROVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ALYSSA L		NAME		
STREET ADDRESS	1806 W. HILLSBOROUGH AVE., #2		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BETTY K		NAME		
STREET ADDRESS	2016 21ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 1/25/08		Daytime Phone #: (813) 899-4061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					