

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714955

FILED
Feb 10, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY CHILDREN'S SERVICES VOLUNTEER LEAGUE, INC.

Current Principal Place of Business:

3110 CLAY MANGUM LANE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3110 CLAY MANGUM LANE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-1266483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAPIN, THOMAS N
3110 CLAY MANGUM LANE
TAMPA, FL 336182501 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWLEY, RUDEAN R
Address: 16511 LONESDALE PL
City-St-Zip: TAMPA, FL 336241206

Title: VP () Delete
Name: HARRIS, CAROL
Address: 6623 STONINGTON DR N
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: LAMLEIN, MARK B
Address: 19113 MANDARIN GROVE PLACE
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: KATZ, ALYSSA L
Address: 1806 W. HILLSBOROUGH AVE., #2
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: BENNETT, CAROLYN
Address: 1728 RYAN DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, CAROL
Address: 6623 STONINGTON DRIVE NORTH
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: THOMAS, PAULA
Address: 14107 BARSDALE LANE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LAMLEIN

TD

02/10/2009

Electronic Signature of Signing Officer or Director

Date