

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714955

FILED  
Apr 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3191 CLAY MANGUM LANE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3191 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 ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, BOBBY L  
26747 SHOREGRASS DR  
WESLEY, FL 33544 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  
Name: MCMAKEN, KYM  
Address: 11004 N. OREGAN AVE  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: TAYLOR, MAURICE  
Address: MARINA POINTA VILLAGE COURT APT 203  
City-St-Zip: TAMPA, FL 33635

Title: TD  
Name: MATTHEWS, BOBBY L  
Address: 26747 SHOREGRASS DR  
City-St-Zip: WESLEY, CHAPEL, FL 33544

Title: SD  
Name: HAMILTON, ZINA  
Address: 1218 HOLMES AVE  
City-St-Zip: TAMPA, FL 33605

I hereby 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 all other like empowered.

SIGNATURE: BOBBY L MATTHEWS

TD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date