

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731315

FILED
Jan 06, 2005
Secretary of State

Entity Name: CARROLLWOOD SERVICE LEAGUE, INC.

Current Principal Place of Business:

P O BOX 273331
TAMPA, FL 336880331

New Principal Place of Business:

Current Mailing Address:

P O BOX 273331
TAMPA, FL 336880331

New Mailing Address:

FEI Number: 59-2888671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPLETON, MARGARET
10419 GREENMONT DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

LOFRISCO, BARBARA
2202 GREEN OAKS LANE
TAMPA, FL 33612 US

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: BARBARA LOFRISCO

01/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, MAUREEN
Address: 4633 WESTFORD CT
City-St-Zip: TAMPA, FL 33624

Title: F () Delete
Name: GAMMONS, BECKY
Address: 4639 WESTFORD CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: STAPLETON, MARGARET
Address: 10419 GREENMONT DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MD () Delete
Name: DANTOS, JAN
Address: 14034 SHADY SHORES DR
City-St-Zip: TAMPA, FL 33613

Title: PD () Delete
Name: ORATO, SUSAN
Address: 16509 ASHWOOD DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: LOFRISCO, BARBARA
Address: 2202 GREEN OAKS LANE
City-St-Zip: TAMPA, FL 33612

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 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 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: BARBARA LOFRISCO

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01/06/2005

Electronic Signature of Signing Officer or Director

Date