2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# 731315

Entity Name: CARROLLWOOD SERVICE LEAGUE, INC.

Current Principal Place of Business:

3111 SAMARA DR.
TAMPA, FL 33618

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:

SMITH, MAUREEN
4633 WESTFORD CR.
TAMPA, FL 33618 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: VP
Name: SMITH, MAUREEN
Address: 4633 WESTFORD CR
City-St-Zip: TAMPA, FL 33618

Title: D
Name: ANDERSON, VICKI
Address: 3111 SAMARA DR.
City-St-Zip: TAMPA, FL 33618

Title: VP
Name: HARTKE, GILDA
Address: 14122 CYPRESS RUN
City-St-Zip: TAMPA, FL 33618

Title: MD
Name: SANTOS, JAN
Address: 10320 CARROLLWOOD LN #61
City-St-Zip: TAMPA, FL 33618

Title: T
Name: GOLDSMITH, CONNIE
Address: 8904 HANNIGAN CT
City-St-Zip: TAMPA, FL 33626

Title: P
Name: SCHUMANN, CARLA
Address: 16703 SILVER MOSS DR.
City-St-Zip: TAMPA, FL 33624

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: CONNIE GOLDSMITH MRS. 01/14/2010
Electronic Signature of Signing Officer or Director Date