

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16713

FILED
Mar 04, 2008
Secretary of State

Entity Name: VOICES FOR CHILDREN OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

4326 W. EL PRADO BLVD.
SUITE 7
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2694
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-2737702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMEYN, LISA ED
4326 EL PRADO BLVD
7
TAMPA, FL 33629 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: PRES () Delete
Name: STINSON, TERESA
Address: 1904 SOUTH CARDENAS AVE
City-St-Zip: TAMPA, FL 33629

Title: IMP () Delete
Name: FARRELL, SCOTT
Address: 101 E. KENNEDY BLVD. STE. 2700
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: RAVEN, ALLISON
Address: 920 WEST CORAL ST
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: GONNERING, JIM
Address: 10799 99TH PLACE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: REED, DAVID
Address: 712 S. OREGON AVE., # 200
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STINSON, TERESA
Address: 1904 SOUTH CARDENAS AVE
City-St-Zip: TAMPA, FL 33629 US

Title: IMP (X) Change () Addition
Name: FARRELL, SCOTT
Address: 2209 E. 5TH STREET
City-St-Zip: TAMPA, FL 33605 US

Title: SD (X) Change () Addition
Name: PROULX, MEGAN
Address: 702 N. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602 US

Title: TD (X) Change () Addition
Name: CUMMINGS, BILL
Address: 570 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: VP (X) Change () Addition
Name: ALISON, RAVEN
Address: 920 W. CORAL ST.
City-St-Zip: TAMPA, FL 33612 US

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: LISA SEMEYN

ED

03/04/2008

Electronic Signature of Signing Officer or Director

Date