

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011873

Entity Name: COMMUNITY ACTION STOPS ABUSE FOUNDATION, INC.**Current Principal Place of Business:**1011 FIRST AVE. N.
ST. PETERSBURG, FL 33705**Current Mailing Address:**P.O. BOX 414
ST. PETERSBURG, FL 33731**FEI Number:** 45-4485786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELLER, SAMUEL J
HELLER LAW, PLLC
695 CENTRAL AVE
ST PETERSBURG, FL 33701 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:** SAMUEL J. HELLER

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	DAWSON, MARK
Address	1011 1ST AVE N
City-State-Zip:	ST PETERSBURG FL 33705

Title	VC
Name	CLARK, BRIAN
Address	1011 1ST AVE N
City-State-Zip:	ST PETERSBURG FL 33705

Title	SECRETARY
Name	HEYMAN, ROBERT
Address	1011 1ST AVE N
City-State-Zip:	ST PETERSBURG FL 33705

Title	TREASURER
Name	GOODMAN, HARVEY
Address	1011 1ST AVE N
City-State-Zip:	ST PETERSBURG FL 33705

Title	CEO
Name	FORSYTHE, LARIANA
Address	1011 1ST AVE N
City-State-Zip:	ST PETERSBURG FL 33705

Title	CFO
Name	LINN, THOMAS HARRY
Address	1011 1ST AVE N
City-State-Zip:	ST PETERSBURG FL 33705

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: LARIANA FORSYTHE

CEO

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date