

2018 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:** Yes**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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:**

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 KRAUSE, JEAN
Address 1011 1ST AVE N
City-State-Zip: ST PETERSBURG FL 33705

Title SECRETARY
Name HEYMAN, BOB
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 COO
Name HORN, SUZANNE
Address 1011 FIRST 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: THOMAS HARRY LINN

CFO

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date