FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752422** **(6)**

1. Corporation Name

COMMUNITY ALTERNATIVE SERVICES FOUNDATION, INC.

Principal Place of Business	Mailing Address
1300 NW 6TH STREET GAINESVILLE FL 32601-9222	1300 NW 6TH STREET GAINESVILLE FL 32601-9222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1980
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2119072 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: [XX] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [XX] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes [XX] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRAPO, KAREN R.
1300 NW 6TH STREET
GAINESVILLE FL

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, MITZI	12 NAME		
STREET ADDRESS	1 S.E. 1ST AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	POLOPOLUS, PAT	22 NAME	McDaniel, Larry	
STREET ADDRESS	1155 NW 13TH AVENUE	23 STREET ADDRESS	26 E. University Avenue	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	M	31 TITLE		☐ Change ☐ Addition
NAME	CRAPO, KAREN R	32 NAME		
STREET ADDRESS	1300 N.W. 6TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	ROLLO, MIKE	42 NAME	Gray, Linda	
STREET ADDRESS	28 E. UNIVERSITY AVENUE	43 STREET ADDRESS	355 Tigert Hall	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, FL 32611	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	WATTS, RICHARD	52 NAME		
STREET ADDRESS	830 N.W. 52ND TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BUROS, SHEILA	62 NAME	Austin, Mitzi	
STREET ADDRESS	515 S.W. 40TH TERRACE	63 STREET ADDRESS	1 S.E. 1st Avenue	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	Gainesville, FL 32602	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen R. Crapo — 904-334-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

Karen R. Crapo, Executive Director

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