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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32601-2206

3. Date Incorporated or Qualified: 05/12/1980
3a. Date of Last Report: 04/12/1996

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

4. FEI Number: 59-2119072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

81 Name: SAMUEL P. CLARK
82 Street Address (P.O. Box Number is Not Acceptable): 1300 N.W. 6th Street
83
84 City: Gainesville FL 85 Zip Code: 32601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Samuel P. Clark, Interim Executive Director 2/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLOPOLUS, PAT 4141 NW 37 PL GAINESVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD CALLAHAN, PAT 204 E. University Avenue Gainesville, Florida 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCDANIEL, LARRY 26 E UNIV AVE GAINESVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CRAPO, KAREN R 1300 N.W. 6TH STREET GAINESVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	M CLARK, SAMUEL P. 1300 N.W. 6th Street Gainesville, Florida 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAY, LINDA 355 TIGERT HALL GAINESVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD ROLLO, Mike 124 Tigert Hall Gainesville, Florida 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATTS, RICHARD 830 N.W. 52ND TERRACE GAINESVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSTIN, MITZI 1 SE 1ST AVE GAINESVILLE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D POLOPOLUS, PAT 4141 N.W. 37th Place Gainesville, Florida 32606	☒ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 _____ 352-334-3800