FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 04 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 05/12/1980

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

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 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes XX No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes XX No

9. Name and Address of Current Registered Agent

CLARK, SAMUEL P
1300 NW 6TH ST
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: James F. Pearce
82 Street Address (P.O. Box Number is Not Acceptable): 1300 N.W. 6th Street
83
84 City: Gainesville, FL **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: James F. Pearce, Executive Director 1/26/98
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, PAT		1.2 NAME		
STREET ADDRESS	204 E UNIVERSITY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	XX DELETE	2.1 TITLE	VD	XX Change ☐ Addition
NAME	MCDANIEL, LARRY		2.2 NAME	Williams, Reginald L.	
STREET ADDRESS	26 E UNIV AVE		2.3 STREET ADDRESS	130 S.W. 3rd Street	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Williston, FL 32696	
TITLE	M	XX DELETE	3.1 TITLE	M	XX Change ☐ Addition
NAME	CLARK, SAMUEL P		3.2 NAME	James F. Pearce	
STREET ADDRESS	1300 NW 6TH ST		3.3 STREET ADDRESS	1300 N.W. 6th Street	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROLLO, MIKE		4.2 NAME		
STREET ADDRESS	124 TIGERT HALL		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WATTS, RICHARD		5.2 NAME		
STREET ADDRESS	830 N.W. 52ND TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POLOPOLUS, PAT		6.2 NAME		
STREET ADDRESS	4141 NW 37TH PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: SIGNATURE REQUIRED James F. Pearce, Executive Director 1/26/98 352-334-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #