

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752422** (6)
1. Corporation Name
COMMUNITY ALTERNATIVE SERVICES FOUNDATION, INC.

Principal Place of Business 1300 NW 6TH STREET GAINESVILLE FL 32601-9222	Mailing Address 1300 NW 6TH STREET GAINESVILLE FL 32601-9222
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3. Date Incorporated or Qualified
05/12/1980

4. FEI Number 59-2119072	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☒ **\$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 ☒ No

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

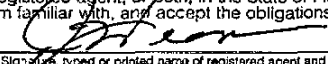
9. Name and Address of Current Registered Agent

**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
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
(NOTE: Registered Agent signature required when reinstating)

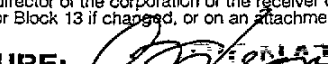
12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CALLAHAN, PAT	
STREET ADDRESS	204 E UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	☒ DELETE
NAME	MCDANIEL, LARRY	
STREET ADDRESS	26 E UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	M	☒ DELETE
NAME	CLARK, SAMUEL P	
STREET ADDRESS	1300 NW 6TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	☐ DELETE
NAME	ROLLO, MIKE	
STREET ADDRESS	124 TIGERT HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	☐ DELETE
NAME	WATTS, RICHARD	
STREET ADDRESS	830 N.W. 52ND TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	POLOPOLUS, PAT	
STREET ADDRESS	4141 NW 37TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Williams, Reginald L.
2.3 STREET ADDRESS	130 S.W. 3rd Street
2.4 CITY-ST-ZIP	Williston, FL 32696
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	James F. Pearce
3.3 STREET ADDRESS	1300 N.W. 6th Street
3.4 CITY-ST-ZIP	Gainesville, FL 32601
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **James F. Pearce, Executive Director** 1/26/98 352-334-3800
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/97)