NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90013 009 ****70.00

DOCUMENT # 752422

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/12/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2119072 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired XX ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEARCE, JAMES F 1300 NW 6TH ST GAINESVILLE FL 32601	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	XX ☑ Change ☐ Addition
NAME	CALLAHAN, PAT		1.2 NAME	WILLIAMS, Reginald L.	
STREET ADDRESS	204 E UNIVERSITY AVE		1.3 STREET ADDRESS	130 S.W. 3rd Street	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Williston, FL 32696	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	XX ☑ Change ☐ Addition
NAME	WILLIAMS, REGINALD L		2.2 NAME	KALIVODA, Louis	
STREET ADDRESS	130 SW 3RD STREET		2.3 STREET ADDRESS	3000 N.W. 83rd Street	
CITY-ST-ZIP	WILLISTON FL 32696		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	M	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEARCE, JAMES F		3.2 NAME		
STREET ADDRESS	1300 NW 6TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		3.4 CITY-ST-ZIP		
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	D	XX ☑ Change ☐ Addition
NAME	POLOPOLUS, PAT		6.2 NAME	CALLAHAN, Patrick	
STREET ADDRESS	4141 NW 37TH PLACE		6.3 STREET ADDRESS	204 E. University Ave.	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	Gainesville, FL 32601	

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, with all other like empowered.

SIGNATURE: Jim Pearce, Executive Director SIGNATURE REQUIRED 04/01/99 352-334-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)