

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 752422 1. Entity Name COMMUNITY ALTERNATIVE SERVICES FOUNDATION, INC.	
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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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DO NOT WRITE IN THIS SPACE



03172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2119072	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

PEARCE, JAMES F
1300 NW 6TH ST
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

U000000095984
03/25/04-80010-022 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MITZI, AUSTIN PO BOX 23109 GAINESVILLE, FL 32602
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KALIVODA, LOUIS 1300 NW 83RD ST GAINESVILLE, FL 32606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	M PEARCE, JAMES F 1300 NW 6TH STREET GAINESVILLE, FL 32601
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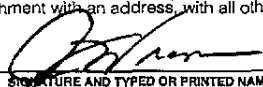
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LANE, H. THOMAS JR 418 SW TERRACE NEWBERRY, FL 32669
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, RANDY S 116 NW 16TH AVENUE GAINESVILLE, FL 32601
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES F. Pearce**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04 352-334-3800
Date Daytime Phone #