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.

Principal Place of Business	Mailing Address
1300 NW 6TH STREET GAINESVILLE, FL 32601-9222	1300 NW 6TH STREET GAINESVILLE, FL 32601-9222

DO NOT WRITE IN THIS SPACE

03172004 No Chg-NP CR2E037 (10/03)

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

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000095984
03/25/04-80010-022 70.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MITZI, AUSTIN
STREET ADDRESS	PO BOX 23109
CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	PD
NAME	KALIVODA, LOUIS
STREET ADDRESS	1300 NW 83RD ST
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	M
NAME	PEARCE, JAMES F
STREET ADDRESS	1300 NW 6TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	VD
NAME	LANE, H. THOMAS JR
STREET ADDRESS	418 SW TERRACE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	TD
NAME	JOHNSON, RANDY S
STREET ADDRESS	116 NW 16TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 3-17-04 352-334-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #