

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 752422

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP

CR2E037 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPBD
MITZI, AUSTIN
PO BOX 23109
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SBD
CRAPPS, DANIEL
2806 W US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
PEARCE, JAMES F
1300 NW 6TH STREET
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PBD
LANE, H. THOMAS JR
14 NE 1ST STREET
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TBD
JOHNSON, RANDY S
116 NW 116TH AVE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000000412073
02/10/06-80034-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #