FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 12 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757676** (2)

1. Corporation Name

CENTER AGAINST SPOUSE ABUSE, INC.

Principal Place of Business	Mailing Address
432 5TH AVENUE NORTH P O BOX 414 ST. PETERSBURG FL 33701 US	240 4 ST NORTH P O BOX 414 ST PETERSBURG FL 33731-0414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1981
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2114359 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCKNIGHT, MICHAEL X
433 3RD STREET NORTH
ST. PETERSBURG FL 33701

T. Michael McKnight (Please correct)

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

700001513507
-06/15/95--01032--008
*****61.25 *****61.25

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	P ☒ Change ☐ Addition
NAME	HERRMANN, KATHY	12 NAME	Kennedy, James R. Jr.
STREET ADDRESS	6851 18TH ST. SOUTH	13 STREET ADDRESS	856 2nd Avenue North
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	KENNEDY, JAMES R. J	22 NAME	Struchen, Audrey
STREET ADDRESS	856 2ND AVE NORTH	23 STREET ADDRESS	7924 10th Avenue South
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	M	31 TITLE	☐ Change ☐ Addition
NAME	OSMUNDSON, LINDA A.	32 NAME	
STREET ADDRESS	432 5TH AVE NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	S ☒ Change ☐ Addition
NAME	SCOTT, DONNA L.	42 NAME	
STREET ADDRESS	P.O. BOX 2942	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	D ☒ Change ☐ Addition
NAME	SLICKER, WILLIAM D.	52 NAME	
STREET ADDRESS	501 1ST AVE NORTH	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	T ☒ Change ☐ Addition
NAME	AFIELD, BARBARA H.	62 NAME	Smith, Basil, G
STREET ADDRESS	3201 34TH ST. S.	63 STREET ADDRESS	432 5th Avenue North
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	St. Petersburg, FL 33701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Kathy Herrmann 4/21/95 (813) 895-4912
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0056487

757676

D
Bozeman, Ann B.
P. O. Box 20816 N/A
St. Petersburg, Fl 33742

D
Burdett, Pamela D.
1401 61st Street South
St. Petersburg, FL 33707

D
Chenoweth, Denise
2049 Skimmer Court, #322
Clearwater, FL 34622

D
Conklin, Margaret
5015 E. Coquina Key Dr., S.E.
St. Petersburg, Fl 33705

D
Duval, Ted
2015 Hawaii Avenue N.E.
St. Petersburg, FL 33710

Green, James D.
824 Jungle Avenue N.
St. Petersburg, Fl 33710

Kasaris, Dianne
17352 Kennedy Drive
North Redington Beach, FL 33708

D
Neumann, Lynn
1 Progress Plaza
St. Petersburg, FL 33701

D
Peterman, June Kicklighter
2435 Granada Circle East
St. Petersburg, FL 33712

D
Samuels, Calvin
890-203 Village Dr. N.
St. Petersburg, FL 33716

D
Stephens, Darrel
1300 1st Avenue North
St. Petersburg, FL 33705

D
Woodard, Kathryn
5999 Central Avenue, Suite 400
St. Petersburg, FL 33710