2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757676

FILED Jan 13, 2004 Secretary of State

Entity Name: COMMUNITY ACTION STOPS ABUSE, INC.

Current Principal Place of Business: New Principal Place of Business:

1011 1ST AVE N.

ST. PETERSBURG, FL 33701 US

Current Mailing Address: New Mailing Address:

PO BOX 414

ST PETERSBURG, FL 337310414

FEI Number: 59-2114359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLSON, MARILYN FISHER & SAULS, PA 100 SECOND AVENUE SOUTH, SUITE 701 ST. PETERSBURG, FL 33701 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change() Addition

 Name:
 KAMLEITER, MARK
 Name:
 KRAUSE, JEAN

 Address:
 600 1ST AVENUE N
 Address:
 7600 HUNTER LANE

 City-St-Zip:
 SAINT PETERSBURG, FL 33704
 City-St-Zip:
 PINELLAS PARK, FL 33782

Title: M () Delete Title: () Change () Addition

 Name:
 OSMUNDSON, LINDA A
 Name:

 Address:
 432 5TH AVE NORTH
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33701
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 KENNEDY, JAMES R J R
 Name:

 Address:
 856 2ND AVENUE NORTH
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33701
 City-St-Zip:

 $\label{eq:title:title:title:title:title:} VPD \qquad (\) \ Delete \qquad \qquad Title: \qquad SEC \qquad (X) \ Change \ (\) \ Addition$

 Name:
 KRUASE, JEAN
 Name:
 WEYAND, AMANDA

 Address:
 7600 HUNTER LANE
 Address:
 9293 SILVERTHORN RD

 City-St-Zip:
 PINELLAS PARK, FL 33782
 City-St-Zip:
 LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA OSMUNDSON M 01/13/2004