2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757676

FILED Jan 03, 2006 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 (X)

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:
 PP (X) Change () Addition

 Name:
 KRAUSE, JEAN
 Name:
 KRAUSE, JEAN

 Address:
 7600 HUNTER LANE
 Address:
 7600 HUNTER LANE

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

Name: KENNEDY, JAMES R JR Name: MAGERAS, DANIEL

Address: 856 2ND AVENUE NORTH Address: ONE PROGRESS PLAZA, SUITE 165
City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701

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

 Name:
 WEYAND, AMANDA
 Name:
 FULLER, DAVID

 Address:
 9293 SILVERTHORN RD
 Address:
 2301 SECOND ST. S.

 City-St-Zip:
 LARGO, FL 33777
 City-St-Zip:
 ST. PETERSBURG, FL 33705

Title: PELE () Delete Title: PRES (X) Change () Addition

Name: STOKES, CYNTHIA Name: STOKES, CYNTHIA

Address: POB 14517 Address: POB 14517

City-St-Zip: ST. PETERSBURG, FL 33733 City-St-Zip: ST. PETERSBURG, FL 33733

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 01/03/2006