

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757676

FILED
Jan 28, 2009
Secretary of State

Entity Name: COMMUNITY ACTION STOPS ABUSE, INC.

Current Principal Place of Business:

1011 1ST AVE N.
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 414
ST PETERSBURG, FL 337310414

New Mailing Address:

FEI Number: 59-2114359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: CUYKENDALL, AMY
Address: 721 FIRST AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33701

Title: M () Delete
Name: OSMUNDSON, LINDA A
Address: P.O. BOX 414
City-St-Zip: ST. PETERSBURG, FL 33731

Title: PRES () Delete
Name: MAGERAS, DANIEL
Address: ONE PROGRESS PLAZA, SUITE 165
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SEC () Delete
Name: MARTIN, ELAINE
Address: 745 PINELLAS BAYWAY, #212
City-St-Zip: ST. PETERSBURG, FL 33715

Title: PP () Delete
Name: STOKES, CYNTHIA
Address: POB 14517
City-St-Zip: ST. PETERSBURG, FL 33733

Title: T (X) Delete
Name: BARNUM, ROBERT
Address: 3136 3RD AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: STECK, TOM
Address: 4775 COVE CIRCLE UNIT 502
City-St-Zip: ST. PETERSBURG, FL 33708

Title: T (X) Change () Addition
Name: BARNUM, ROBERT
Address: 3136 3RD AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 A OSMUNDSON

M

01/28/2009

Electronic Signature of Signing Officer or Director

Date