

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2011  
Secretary of State**

DOCUMENT# N03000004261

Entity Name: COMMUNITY ACTION RESOURCE EFFORT, INC.

**Current Principal Place of Business:**

21812 NW 91ST ST  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 658  
ALACHUA, FL 32616

**New Mailing Address:**

FEI Number: 52-2415955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OGLE, VALERIE  
21812 NW 91ST ST  
ALACHUA, FL 32615      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: PD  
Name: OGLE, VALERIE  
Address: 21812 NW 91ST ST  
City-St-Zip: ALACHUA, FL 32615

Title: SD  
Name: BRUCK, CAROL  
Address: 16328 NW 129TH TERR  
City-St-Zip: ALACHUA, FL 32615

Title: TD  
Name: MINK, CARL  
Address: 18805 NW 80TH TERR  
City-St-Zip: ALACHUA, FL 32615

Title: D  
Name: MASLA, SUSAN  
Address: 14415 NW 146TH TER  
City-St-Zip: ALACHUA, FL 32615

I hereby 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 all other like empowered.

SIGNATURE: CARL MINK

TD

03/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date