2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# N09000003050

Entity Name: COMMUNITY ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

1021 OAK ST.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1021 OAK ST.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 26-4550213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTA ROSA ISLAND COMPANY
1021 OAK ST.
JACKSONVILLE, FL 32204 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: SURFACE, DAVID K
Address: 1021 OAK ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD
Name: GREEN, JOE
Address: 1224 NEWPOINT LOOP
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD
Name: HAPKE, PAM
Address: 7000 W. ATLANTIC AVE.
City-St-Zip: DELRAY BCH, FL 33446

Title: STD
Name: ARMSTRONG, DANIEL
Address: 1021 OAK ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: HYMAN, MICHAEL
Address: 7000 W. ATLANTIC AVE.
City-St-Zip: DELRAY BCH, FL 33446

Title: D
Name: SURFACE, J. FRANK JR.
Address: 1021 OAK ST.
City-St-Zip: JACKSONVILLE, FL 32204

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: DANIEL P. ARMSTRONG S 04/16/2010

Electronic Signature of Signing Officer or Director Date