## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006321

Apr 29, 2009 Secretary of State

Entity Name: COMMUNITY AFFORDABLE SUPPORTED LIVING, INC. **New Principal Place of Business: Current Principal Place of Business:** 5089 KESTRAL PARKWAY SOUTH SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** PO BOX 32103 SARASOTA, FL 34239 FEI Number: 65-0796626 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: RICHARDS, CHARLES E 5089 KESTRAL PARKWAY SOUTH SARASOTA, FL 34231 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: () Change () Addition () Delete RICHARDS, CHARLES E Name: Name: 5089 KESTRAL PARKWAY SOUTH Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DEBOER, JAN Name: Address: 613 FOUR BAYS DRIVE Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition JOHNSON, ROBERT M JOHNSON, ROBERT M Name: Name: 27 SOUTH ORANGE AVENUE Address: Address: 1 NORTH TUTTLE AVENUE City-St-Zip: SARASOTA, FL 34246 City-St-Zip: SARASOTA, FL 34247 Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: STONER, REBECCA U Name: STONER, REBECCA U Address: 1858 RINGLING BLVD. Address: 1990 MAIN ST; STE 801 City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

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: REBECCA U STONER **VP** 04/29/2009