

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-13-2001 90078 015 *****61.25

DOCUMENT # N98000007377

1. Entity Name

COMMUNITY ACTION FUND INC.

Principal Place of Business

25010 CYPRESS HOLLOW CT
204
BONITA SPRINGS FL 34134

Mailing Address

25010 CYPRESS HOLLOW CT
204
BONITA SPRINGS FL 34134

2. Principal Place of Business

24600 S. Tamiami Trail
Suite Apt. #, etc.
Suite 212 #370
City & State
BONITA SPRINGS
Zip
34134
Country
USA

3. Mailing Address

24600 S. Tamiami Trail
Suite Apt. #, etc.
Suite 212 #370
City & State
BONITA SPRINGS
Zip
34134
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANUSTY, JANE R
25010 CYPRESS HOLLOW CT
204
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
MARY MCVAY
Street Address (P.O. Box Number Is Not Acceptable)
3720 BAY CREEK Dr.
City
BONITA SPRINGS FL Zip Code
34134

8. 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 *Mary J McVay*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOPKINS, CHARLES 3730 PELICANS NEST DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCVAY, MARY 3720 BAY CREEK DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUENTHER, THOMAS 24800 HOLLYBRIER LANE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANSTY, JANE 25010 CYPRESS HOLLOW CT 204 BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Baker, VPD 24340 Sandpiper Isle Way #803 Bonita Springs FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary McVay 3720 Bay Creek Dr BS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Lee, PRES D 24721 Hollybrier Lane Bonita Springs FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Terry DONA 25411 GALASHIELD Cir Bonita Springs FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary J McVay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01 941-495-7223
Date Daytime Phone #

Mary J McVay 4/6/01

CR2E037 (10/00)