2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2025
Secretary of State
6403220202CC

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Entity Name: COMMUNITY ALTERNATIVE SERVICES FOUNDATION, INC.

Current Principal Place of Business:

3615 SW 13TH STREET
SUITE 7
GAINESVILLE, FL 32608

Current Mailing Address:

3615 SW 13TH STREET
SUITE 7
GAINESVILLE, FL 32608 US

FEI Number: 59-2119072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KABLER, PHILIP N. J.D.
3615 SW 13TH STREET
SUITE 7
GAINESVILLE, FL 32608 US

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: PHILIP N. KABLER, J.D. 01/08/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	WILLIAMS, FRANCIS (FRANK) T. ESQ.
Address	11489 SW WILLISTON ROAD
City-State-Zip:	MICANOPY FL 32667

Title	COO
Name	STARLING, CYNTHIA L.
Address	3615 S.W. 13TH STREET SUITE 7
City-State-Zip:	GAINESVILLE FL 32608

Title	TREASURER, DIRECTOR
Name	LEVY, GILBERT A.
Address	7719 NW 18TH LANE
City-State-Zip:	GAINESVILLE FL 32605

Title	CEO
Name	KABLER, PHILIP N. J.D.
Address	3615 SW 13TH STREET SUITE 7
City-State-Zip:	GAINESVILLE FL 32608

Title	VP, DIRECTOR
Name	CRAPPS, DANIEL
Address	291 NW MAIN BOULEVARD
City-State-Zip:	LAKE CITY FL 32055

Title	SECRETARY, DIRECTOR
Name	MANKIN, RICHARD PHD
Address	503 NW 89TH STREET
City-State-Zip:	GAINESVILLE FL 32607

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: PHILIP N. KABLER, J.D. CEO 01/08/2025

Electronic Signature of Signing Officer/Director Detail — Date