

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757676

Entity Name: COMMUNITY ACTION STOPS ABUSE, INC.**Current Principal Place of Business:**1011 1ST AVE N.
ST. PETERSBURG, FL 33701**Current Mailing Address:**PO BOX 414
ST PETERSBURG, FL 33731-0414**FEI Number: 59-2114359****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**POLSON, MARILYN
FISHER & SAULS, PA
100 SECOND AVENUE SOUTH, SUITE 701
ST. PETERSBURG, FL 33701 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name OSMUNDSON, LINDA A
Address 1011 1ST AVE N.
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER
Name BARNUM, BOB
Address 1011 1ST AVE N.
City-State-Zip: ST. PETERSBURG FL 33701

Title PAST PRESIDENT
Name CULPEPPER, DONALD
Address 1011 1ST AVE N.
City-State-Zip: ST. PETERSBURG FL 33701

Title VP
Name THURMAN, GAELYN
Address 1011 1ST AVE N.
City-State-Zip: ST. PETERSBURG FL 33701

Title PRESIDENT
Name MCDEVITT, NICHOLAS
Address PO BOX 414
City-State-Zip: ST PETERSBURG FL 33731-0414

Title SECRETARY
Name JONES, LORY
Address 1011 1ST AVE N.
City-State-Zip: ST. PETERSBURG FL 33701

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: LINDA OSMUNDSON**EXECUTIVE DIRECTOR****02/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date