#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757676** 

Entity Name: COMMUNITY ACTION STOPS ABUSE, INC.

**FILED** Feb 28, 2020 **Secretary of State** 6974016318CC

## **Current Principal Place of Business:**

1011 1ST AVE N.

ST. PETERSBURG, FL 33705

# **Current Mailing Address:**

**PO BOX 414** 

ST PETERSBURG, FL 33731-0414 US

FEI Number: 59-2114359 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HELLER, SAMUEL J HELLER LAW, PLLC 695 CENTRAL AVENUE

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: SAMUEL J. HELLER 02/28/2020

> Date Electronic Signature of Registered Agent

# Officer/Director Detail:

Title **TREASURER** Title **CHAIRMAN** 

ROBINSON, PATTY Name MANNING, TRICIA Name Address 1011 1ST AVE N. Address 1011 1ST AVE N.

ST. PETERSBURG FL 33705 City-State-Zip: City-State-Zip: ST. PETERSBURG FL 33705

Title **SECRETARY** Title VC

CARPENTER, RACHEL Name Name RENDLEMAN, LINDA

Address 1011 1ST AVE N. Address 1011 1ST AVE N

ST. PETERSBURG FL 33705 City-State-Zip: City-State-Zip: ST PETERSBURG FL 33705

Title CEO Title **CFO** 

Name FORSYTHE, LARIANA Name FOREY, MELINDA

Address 1011 1ST AVE N. Address 1011 1ST AVE N

City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: ST PETERSBURG FL 33705

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.

**CFO** 

SIGNATURE: MELINDA FOREY

Electronic Signature of Signing Officer/Director Detail

02/28/2020