

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003050

**Entity Name:** COMMUNITY ASSISTANCE FOUNDATION, INC.

**Current Principal Place of Business:**

245 RIVERSIDE AVE  
SUITE 300  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

245 RIVERSIDE AVE  
SUITE 300  
JACKSONVILLE, FL 32202 US

**FEI Number:** 26-4550213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANTA ROSA ISLAND COMPANY  
245 RIVERSIDE AVE  
SUITE 300  
JACKSONVILLE, FL 32202 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 PD  
Name SURFACE, DAVID K  
Address 245 RIVERSIDE AVE  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32202

Title STD  
Name ARMSTRONG, DANIEL  
Address 245 RIVERSIDE AVE E  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name HYMAN, MICHAEL  
Address 245 RIVERSIDE AVENUE  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32202

*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:** DANIEL P ARMSTRONG

STD

04/07/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date