

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755964 (4)**

1. Corporation Name

**COMPREHENSIVE COMMUNITY SERVICES, INC.**



Principal Place of Business

Mailing Address

511 GOLDKIST AVE.  
P. O. DRAWER L  
LIVE OAK FL 32060

511 GOLDKIST AVE.  
P. O. DRAWER L  
LIVE OAK FL 32060

3. Date Incorporated or Qualified  
**01/20/1981**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, RICHARD E**  
**511 GOLD KIST BLVD**  
**LIVE OAK FL 32060**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROST, AMRY ANNE</b>	
STREET ADDRESS	<b>RT 3 BOX 237</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, RICHARD E</b>	
STREET ADDRESS	<b>511 GOLD KIST BLVD3</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAKE, BOBBIE</b>	
STREET ADDRESS	<b>RT 1 BOX 1160</b>	
CITY-ST-ZIP	<b>MCALPIN FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARROLL, FRANK</b>	
STREET ADDRESS	<b>RT 1 BOX 438</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHIS, COLETA</b>	
STREET ADDRESS	<b>RT. 1 BOX 277</b>	
CITY-ST-ZIP	<b>BRANDORD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILPOT, JESSIE</b>	
STREET ADDRESS	<b>1350 DOUGLAS ST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PAM LYONS</b>	
1.3 STREET ADDRESS	<b>405 NLOWDER ST</b>	
1.4 CITY-ST-ZIP	<b>MACCLENLY, FL 32063</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JIMMY MCCULLERS</b>	
2.3 STREET ADDRESS	<b>312 SHELBY ST</b>	
2.4 CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>	
3.1 TITLE	<b>VICE ORESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lake, Bobbie</b>	
3.3 STREET ADDRESS	<b>375 WestmorelandSt</b>	
3.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>	
4.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WANDA WALKER</b>	
4.3 STREET ADDRESS	<b>390 S 5TH ST</b>	
4.4 CITY-ST-ZIP	<b>MACCLENLY, FL 32063</b>	
5.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>COLETA MATHIS</b>	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JIM BRAY</b>	
6.3 STREET ADDRESS	<b>555 HORSESHOE DR</b>	
6.4 CITY-ST-ZIP	<b>CROSS CITY, FL 32628</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/96**

**904-362-7143**

Date

Daytime Phone #

CP2E037 (12/95)