

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 511 GOLDKIST AVE. P. O. DRAWER L LIVE OAK FL 32060 | Mailing Address 511 GOLDKIST AVE. P. O. DRAWER L LIVE OAK FL 32060-0780 |
|--|---|



| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/20/1981 | 3a. Date of Last Report 05/23/1996 |
| 4. FEI Number 59-2064304 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 *Richard Mitchell* **Richard Mitchell Exec. Director** DATE **3/27/97**

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LYONS, PAM | |
| STREET ADDRESS | 405 NLOWDER ST | |
| CITY-ST-ZIP | MACCLENNY FL | |
| TITLE | ED | <input type="checkbox"/> DELETE |
| NAME | MITCHELL, RICHARD E | |
| STREET ADDRESS | 511 GOLD KIST BLVD3 | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LAKE, BOBBIE | |
| STREET ADDRESS | 375 WESTMORELAND ST | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CARROLL, FRANK | |
| STREET ADDRESS | RT 1 BOX 438 | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MATHIS, COLETA | |
| STREET ADDRESS | RT. 1 BOX 277 | |
| CITY-ST-ZIP | BRANDORD FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PHILPOT, JESSIE | |
| STREET ADDRESS | 1350 DOUGLAS ST | |
| CITY-ST-ZIP | LIVE OAK FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LYONS, PAM | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | BOBBIE LAKE | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | CARROLL, FRANK | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MATHIS, COLETA | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | WALKER, WANDA | |
| 6.3 STREET ADDRESS | 590 S 5th Street, | |
| 6.4 CITY-ST-ZIP | Macclenny, FL | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502(2)(i), 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.

Richard Mitchell

CR2E037 (9/96)