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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

01/20/1981

4. FEI Number

59-2064304

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business 21 511 GOLD KIST BLVD. Suite, Apt. #, etc. 22 City & State 23 LIVE OAK, FLORIDA Zip 24 32064	2a. Mailing Address 25 P.O. DRAWER L Suite, Apt. #, etc. 26 City & State 27 LIVE OAK, FLORIDA Zip 28 32064	Country 25 US	Country 30 US
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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 ☐ DELETE

NAME **S
LYONS, PAM**
STREET ADDRESS **405 NLOWDER ST**
CITY-ST-ZIP **MACCLENNY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DIRECTOR

☐ Change

☒ Addition

JIM BRAY

P.O. BOX 890, U.S. HWY 19

CROSS CITY, FL 32628

TITLE ☐ DELETE

NAME **ED
MITCHELL, RICHARD E**
STREET ADDRESS **511 GOLD KIST BLVD3**
CITY-ST-ZIP **LIVE OAK FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIRECTOR

☐ Change

☒ Addition

JEANNETTE CLARK

14001 SR 51

LIVE OAK, FL 32060

TITLE ☐ DELETE

NAME **D
LAKE, BOBBIE**
STREET ADDRESS **375 WESTMORELAND ST**
CITY-ST-ZIP **LIVE OAK FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DIRECTOR

☐ Change

☒ Addition

DAVID FINA

P.O. DRAWER 1546, 511 GOLD KIST BLVD

LIVE OAK, FL 32064

TITLE ☐ DELETE

NAME **VP
CARROLL, FRANK**
STREET ADDRESS **RT 1 BOX 438**
CITY-ST-ZIP **LIVE OAK FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DIRECTOR

☐ Change

☒ Addition

JIMMY MCCULLERS

312 SHELBY ST.

LIVE OAK, FL 32060

TITLE ☐ DELETE

NAME **P
MATHIS, COLETA**
STREET ADDRESS **RT. 1 BOX 277**
CITY-ST-ZIP **BRANDORD FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DIRECTOR

☐ Change

☒ Addition

ERVIN DONALDSON

P.O. BOX 523, 306 W. HATLEY ST.

JASPER, FL 32052

TITLE ☐ DELETE

NAME **T
WALKER, WANDA**
STREET ADDRESS **590 5TH ST**
CITY-ST-ZIP **MACCLENNY FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR

☐ Change

☒ Addition

JOHN PEACH

P.O. DRAWER 272

JASPER, FL 32052

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Coleta Mathis

3/23/98

CR2E037 (10/97)