

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755964

1. Entity Name

COMPREHENSIVE COMMUNITY SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90112 041 ****61.25

Principal Place of Business

Mailing Address

511 GOLD KIST BLVD
 P. O. DRAWER L
 LIVE OAK FL 32064
 US

PO DRAWER L
 LIVE OAK FL 32064-0780
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S LYONS, PAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, PAM	NAME	
STREET ADDRESS	405 NLOWDER ST	STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, RICHARD E	NAME	
STREET ADDRESS	511 GOLD KIST BLVD3	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, BOBBIE	NAME	
STREET ADDRESS	375 WESTMORELAND ST	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, FRANK	NAME	
STREET ADDRESS	RT 1 BOX 438	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, COLETA	NAME	
STREET ADDRESS	RT. 1 BOX 277	STREET ADDRESS	
CITY-ST-ZIP	BRANDORD FL	CITY-ST-ZIP	
TITLE	I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WANDA	NAME	
STREET ADDRESS	590 5TH ST	STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP	

*See Attached
 Board of Directors
 Listings*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

#12

REPR
TERM ENDS

JIM BRAY
PO. BOX 890
CROSS CITY, FL 32628
352-498-1305 (WORK)
ESE DIRECTOR/STUDENT SERVICES
REPRESENTS - DIXIE COUNTY
TERM ENDS: JUNE 30, 2001

JEANNETTE CLARK
14001 SR 51
LIVE OAK, FL 32060
904-776-1122(HOME) 904-208-1477(WORK)
TEACHER AIDE, DOUGLAS CENTER
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE 30, 2002

CHARLES CHAMBLISS
802 NORTHWEST DR
LIVE OAK, FL 32060
904-344-1577(HOME)
CONSUMER
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE 30, 2000

DAVID FINA
PO. DRAWER 1546
LIVE OAK, FL 32064
904-364-1107(HOME) 904-362-2320 (WORK)
ATTORNEY
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE 30, 2002

ERVIN DONALDSON, VICE PRESIDENT
PO. BOX 523
JASPER, FL 32052
904-792-3310
RETIRED TEACHER, HAMILTON HS
REPRESENTS - HAMILTON COUNTY
TERM ENDS: JUNE 30, 2001

FAM LYONS, SECRETARY
PO. BOX 21
MACCLENNY, FL 32063
904-259-6211 ex.1531(WK) 904-259-7549(HM)
NURSE, N.E. FL HOSPITAL AND PARENT
REPRESENTS - BAKER COUNTY
TERM ENDS: JUNE 30, 2000

BOBBIE LAKE, TREASURER
375 WESTMORELAND ST
LIVE OAK, FL 32060
904-362-5208(HOME) 904-364-5842(WORK)
ACCOUNT EXECUTIVE, AT&T
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE 30, 2002

JOHN PEACH
PO. DRAWER 272
JASPER, FL 32052
904-792-1719
CIRCUIT COURT JUDGE
REPRESENTS - HAMILTON COU
TERM ENDS: JUNE 30, 2001

COLETA MATHIS
RT. 1, BOX 277
BRANFORD, FL 32008
352-498-1324(WK-1:45-2:35) 904-935-1558(HM)
TEACHER, DIXIE COUNTY AND PARENT
REPRESENTS - LAFAYETTE COUNTY
TERM ENDS: JUNE 30, 2002

WANDA WALKER, PRESIDENT
C/O BAKER COUNTY SCHOOL BOARD
392 SOUTH BLVD. EAST
MACCLENNY, FL 32063
259-7825 (WORK) 259-9099(FAX)
ESE DIRECTOR, BAKER COUNTY SCHOOLS
REPRESENTS - BAKER COUNTY
TERM ENDS: JUNE 30, 2000