

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90038 024 ****61.25

DOCUMENT # 755964
 1. Entity Name
COMPREHENSIVE COMMUNITY SERVICES, INC.



Principal Place of Business Mailing Address
 511 GOLD KIST BLVD PO DRAWER L
 P. O. DRAWER L LIVE OAK FL 32064
 LIVE OAK FL 32064 US

34060147



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 506 S. Ohio Ave

City & State City & State
 Live Oak, FL

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

Zip Country Zip Country
 32064 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MITCHELL, RICHARD E
 511 GOLD KIST BLVD
 LIVE OAK FL 32060

7. Name and Address of New Registered Agent
 Name **RICHARD MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable)
 506 S. Ohio Ave
 City **Live Oak** FL Zip Code **32064**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* DATE **12 April 04**

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYONS, PAM 405 NLOWDER ST MACCLENNY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MITCHELL, RICHARD E 511 GOLD KIST BLVD3 LIVE OAK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHIS, COLETA RT. 1 BOX 277 BRANDORD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, WANDA 590 5TH ST MACCLENNY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached for listing of correct Directors & Officers.

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 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 *[Signature]* **Bobbie M LAKE JR** *Hall of* **386-362-7143** **386-792-7777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

4755964

COMPREHENSIVE COMMUNITY SERVICES, INC.

BOARD OF DIRECTORS

JULY 1, 2003 - JUNE 30, 2004

SHELDON BEASLEY

6130 S. CR 125
MACCLENNY, FL 32063
904-259-5468 (HOME)
904-259-6286 (WORK)
EMAIL: sbeasley@nefcom.net
PARENT, HIGH SCHOOL INSTRUCTOR
REPRESENTS - BAKER COUNTY
TERM ENDS: JUNE 30, 2006

JIM BRAY

PO. BOX 890
CROSS CITY, FL 32628
352-498-6149 (WORK)
ESE DIRECTOR/STUDENT SERVICES
REPRESENTS - DIXIE COUNTY
TERM ENDS: JUNE. 30, 2004

JEANNETTE CLARK, SECRETARY

14001 SR 51
LIVE OAK, FL 32060
386-776-1122(HOME)-386-208-1477(WORK)
TEACHER AIDE, DOUGLAS CENTER/PARENT
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE. 30, 2005

NAOMI DAVIS

1825 DAVIS ST.
LIVE OAK, FL 32060
386-362-5936 (HOME)
CONSUMER
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE 30, 2004

ERVIN DONALDSON

PO. BOX 523
JASPER, FL 32052
386-792-3310
RETIRED TEACHER, HAMILTON HS
REPRESENTS - HAMILTON COUNTY
TERM ENDS: JUNE. 30, 2004

JACKIE DOVE

PO DRAWER Q
LIVE OAK, FL 32064
386-362-1720(HOME) 386-362-3433(WORK)
FIRST FEDERAL, VICE PRESIDENT
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE 30, 2004

DAVID FINA, TREASURER

PO. DRAWER 1546
LIVE OAK, FL 32064
386-364-1107(HOME) 386-362-2320 (WORK)
ATTORNEY
REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE. 30, 2005

BOBBIE LAKE, PRESIDENT

375 WESTMORELAND ST
LIVE OAK, FL 32060
386-362-5208(HOME) 386-792-7777(WORK)
BUSINESS OWNER, LAKE AUTOMOTIVE/
PARENT/REPRESENTS - SUWANNEE COUNTY
TERM ENDS: JUNE. 30, 2005

PAM LYONS, VICE PRESIDENT

PO. BOX 21
MACCLENNY, FL 32063
904-259-6211 ext.1531(WK) 904-259-7549(HM)
NURSE,N.E.FL HOSPITAL AND PARENT
REPRESENTS - BAKER COUNTY
TERM ENDS: JUNE. 30, 2006

COLETA MATHIS

RT. 1, BOX 277
BRANFORD, FL 32008
352-498-1324(WK-1:45-2:35) 386-935-1558(HM)
TEACHER, DIXIE COUNTY AND PARENT
REPRESENTS - LAFAYETTE COUNTY
TERM ENDS: JUNE. 30, 2005

JOHN PEACH

PO. DRAWER 272
JASPER, FL 32052
386-792-1719
CIRCUIT COURT JUDGE
REPRESENTS - HAMILTON COUNTY
TERM ENDS: JUNE. 30, 2004

WANDA WALKER

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, 2006