


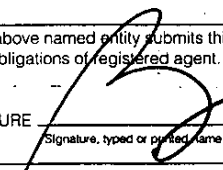

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90099 028 \*\*\*\*61.25

20034143



<b>DOCUMENT # 755964</b>					
1. Entity Name COMPREHENSIVE COMMUNITY SERVICES, INC.					
Principal Place of Business 506 S. OHIO AVE. LIVE OAK, FL 32064 US			Mailing Address PO DRAWER L LIVE OAK, FL 32064 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, RICHARD E 506 S. OHIO AVE. LIVE OAK, FL 32064				Name BOBBIE LAKE	
				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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 PRESIDENT LYONS, PAM 405 NLOWDER ST MACCLENNY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEANNETTE CLARK 14001 SR 51 LIVE OAK, FL 32060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MITCHELL, RICHARD E 511 GOLD KIST BLVD3 LIVE OAK, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID FINA PO DRAWER 1546 LIVE OAK, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 EXECUTIVE DIRECTOR LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ERVIN DONALDSON P.O. BOX 523 JASPER, FL 32052	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 DIRECTOR MATHIS, COLETA RT. 1 BOX 277 BRANDORD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHELDON BEASLEY 6130 S. CR 125 MACCLENNY, FL 32063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, WANDA 590 5TH ST MACCLENNY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JACKIE DOVE P.O. DRAWER Q LIVE OAK, FL 32064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GREG GODWIN 207 NE 1ST ST., ROOM 106 JASPER, FL 32052	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR COLETA MATHIS RT. 1 BOX 277 BRANFORD, FL 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 				4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #					