2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # 755964 1. Entity Name COMPREHENSIVE COMMUNITY SERVICES, INC.					03-13-2008 90	0025 024 ****61.	.25	
Principal Plac 506 S. OHIO LIVE OAK, FL	AVE.	Mailing Address PO DRAWER L LIVE OAK, FL 32064	US .					
2. Principal Place of Business - No P.O. Box # 511 Gold Kist Blvd Sw Suite, Apt. #, etc.		3. Mailing Address 511 GoldKi Suite, Apt. #, etc.	st Blud	sw	03062008 Chg-NP	CR2E037 (12/06)		
City & State Live Oak, FC		City & State Live Oak FC			4. FEI Number 59-2064304	Ap	plied For	
Zip 32064 Country U.S		Zip 32064	Country U.	5	5. Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R				7. Name and Address of New Re	gistered Agent		
LAKE BO	DDIE		Name					
LAKE, BOBBIE 506 S. OHIO AVE. LIVE OAK, FL 32064			Street A	Street Address (P.O. Box Number is Not Acceptable)				
LIVE OAK, FL 32064			.5.	511 Goldkist Blrd SW				
¥			City	Live Dak FL Zip Soboly				
8. The above the obligat	named entity submits this statement for ions of egistered agent.	the purpose of changing its re	gistered office of	r registere	ed agent, or both, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE Bibbie Lake Executive Director 3-7-08								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		•			<u>.</u> .			
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Ma	ike check payable to da Department of St		
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees Florid DDITIONS/CHANGES TO OFFICER	da Department of St	tate	
10. TITLE NAME	OFFICERS AND DIRI D BEASLEY, SHELDON	Trust Fund Cor	aign Financing ntribution.		\$5.00 May Be Added to Fees Floric DDITIONS/CHANGES TO OFFICER	da Department of St	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Director

3/12/08

Daytime Phone #