


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90025 024 \*\*\*\*61.25

<b>DOCUMENT # 755964</b> 1. Entity Name <b>COMPREHENSIVE COMMUNITY SERVICES, INC.</b>			
Principal Place of Business <b>506 S. OHIO AVE.</b> <b>LIVE OAK, FL 32064 US</b>		Mailing Address <b>PO DRAWER L</b> <b>LIVE OAK, FL 32064 US</b>	
2. Principal Place of Business - No P.O. Box # <b>511 Goldkist Blvd SW</b>		3. Mailing Address <b>511 Goldkist Blvd SW</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Live Oak, FL</b>		City & State <b>Live Oak, FL</b>	
Zip <b>32064</b>		Zip <b>32064</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2064304</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAKE, BOBBIE</b> <b>506 S. OHIO AVE.</b> <b>LIVE OAK, FL 32064</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>511 Goldkist Blvd SW</b> City <b>Live Oak</b> <b>FL</b> Zip Code <b>32064</b>	
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 <i>Bobbie Lake</i> Signature, typed or printed name of registered agent and title if applicable.		Executive Director <b>3-7-08</b> (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BEASLEY, SHELDON 6130 S. C.R. 125 MACCLENNY, FL 32063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
D CLARK, JEANETTE 14001 SR 51 LIVE OAK, FL 32060	<input type="checkbox"/> Delete	Director Brothers, Bill 702 2nd St. NW Live Oak, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ED LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL	<input type="checkbox"/> Delete	Vice President David Fina 200 S. Ohio Ave Live Oak, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MATHIS, COLETA RT. 1 BOX 277 BRANDORD, FL	<input type="checkbox"/> Delete	Treasurer Martz, John PO Box 160 Live Oak, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D HILL, DOT 435 SE NANCY AVE BRANFORD, FL 32008	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GODWIN, GREG 207 NE 1ST ST, RM 106 JASPER, FL 32052	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jeannette Clark</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Director <b>3/12/08</b> Date Daytime Phone #	