

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755964

FILED
Jan 28, 2009
Secretary of State

Entity Name: COMPREHENSIVE COMMUNITY SERVICES, INC.

Current Principal Place of Business:

511 GOLDKIST BLVD SW
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

511 GOLDKIST BLVD SW
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 59-2064304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKE, BOBBIE
511 GOLDKIST BLVD SW
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEASLEY, SHELDON
Address: 6130 S. C.R. 125
City-St-Zip: MACCLENNY, FL 32063

Title: P () Delete
Name: CLARK, JEANETTE
Address: 14001 SR 51
City-St-Zip: LIVE OAK, FL 32060

Title: ED () Delete
Name: LAKE, BOBBIE
Address: 375 WESTMORELAND ST
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: MATHIS, COLETA
Address: RT. 1 BOX 277
City-St-Zip: BRANDORD, FL

Title: D () Delete
Name: HILL, DOT
Address: 435 SE NANCY AVE
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: GODWIN, GREG
Address: 207 NE 1ST ST, RM 106
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MARTZ, JOHN
Address: PO BOX 160
City-St-Zip: LIVE OAK, FL 32060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MATHIS, COLETA
Address: RT. 1 BOX 277
City-St-Zip: BRANDORD, FL

Title: S (X) Change () Addition
Name: MCCLENDON, STEPHANIE
Address: 8467 81ST SR.
City-St-Zip: LIVE OAK, FL 32060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE LAKE

ED

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date