

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2006 NOV 14 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01000002278 1. Entity Name COMMON GOAL COMMUNITY SERVICES, INC.						
Principal Place of Business 6616 CAVALIER RD. JACKSONVILLE, FL 32208 <i>(SAME)</i>			Mailing Address 6616 CAVALIER RD. JACKSONVILLE, FL 32208 <i>(SAME)</i>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3713846		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUSH, JESSIE M 6616 CAVALIER RD. JACKSONVILLE, FL 32208 <i>(SAME)</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 September 15, 2006			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	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, JESSIE M			NAME	700081741722 11/13/06--01050--000 **61.25	
STREET ADDRESS	6616 CAVALIER RD.			STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, CHARLES E SR			NAME	900081742209 11/13/06--01050--012 **61.25	
STREET ADDRESS	6616 CAVALIER RD.			STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, CHARLES E JR			NAME		
STREET ADDRESS	1018 W. 23RD			STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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>Jessie M. Bush</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				11-8-06 Date Daytime Phone #		

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