NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name N01000006667

COMMUNITY DONOR SERVICES, Inc.

FILED

02 MAR 22 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2002 UBR

2. Principal Place of Business	3. Mailing Address
2160 Capital Circle N.E	P.O. Box 5016
Suite, Apt. #, etc.: 120	Suite, Apt. #, etc.:
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32309 Country: USA	Zip: 32314-5016 Country: USA

4. FEI Number: 59-3758226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Anthony D. Stephens

Street Address (P.O. Box Number is Not Acceptable): 2160 Capital Circle N.E.

City: Tallahassee FL Zip Code: 32309

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

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	C / CEO	TITLE	300005182093--1
NAME	William R. Primas	NAME	-04/02/02--01021--009
STREET ADDRESS	2160 Capital Circle N.E.	STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	Tallahassee, Florida 32309	CITY-ST-ZIP	
TITLE	Co-C / P	TITLE	
NAME	Anthony D. Stephens	NAME	
STREET ADDRESS	2160 Capital Circle N.E.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32309	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Jessie Furlow	NAME	
STREET ADDRESS	Route 6 Box 420 H	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Quincy, Florida 32353	CITY-ST-ZIP	
TITLE	D	TITLE	IN THIS SPACE
NAME	Linda Barge-Miles	NAME	
STREET ADDRESS	2984 Compton Court	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32309	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	James L. Jackson	NAME	
STREET ADDRESS	947 Strickland Road	STREET ADDRESS	
CITY-ST-ZIP	Marianna, Florida 32448	CITY-ST-ZIP	
TITLE		TITLE	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL BELOW OR PURSUANT