FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28228

1. Corporation Name
Comprehensive Community andFamily Services, Inc.
(Crack Cocaine Self Help Group)

Principal Place of Business / Mailing Address
313 North Macomb Street
Tallahassee, Florida 32302

300001493103
-05/18/95--01028--003
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/7/88
3a. Date of Last Report: 5/94
4. FEI Number: 59-3312085 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 313 N. Macomb Street
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, Fl 32303
24 Zip: 32303 25 Country: USA

2a. Mailing Address
26 Same As 2
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Carolyn Davis Cummings, Esq.
324 West College Avenue
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent
01 Name: James G. Brown, Ph.D.
02 ~~Street Address (P.O. Box Number is Not Acceptable)~~: 5578 Pedrick Plantation Circle
03
04 City: Tallahassee FL 05 Zip Code: 32311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James G. Brown, Ph.D. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President NAME: James G. Brown, Ph.D. STREET ADDRESS: 2722 Leary Lane CITY-ST-ZIP: Tallahassee, Florida 32303	11 TITLE: President 12 NAME: James G. Brown, Ph.D. 13 STREET ADDRESS: 5578 Pedrick Plantation Circle 14 CITY-ST-ZIP: Tallahassee, Florida 32311 ☒ Change ☐ Addition
TITLE: Vice President NAME: Dana Dennard STREET ADDRESS: 190-5 Crenshaw Drive CITY-ST-ZIP: Tallahassee, Florida 32303	21 TITLE: VP 22 NAME: Willie Chambers 23 STREET ADDRESS: 110 First Street 24 CITY-ST-ZIP: Havana, Florida 32333 ☒ Change ☐ Addition
TITLE: Vice President NAME: Harold Ford STREET ADDRESS: 4938 Ruthenia Road CITY-ST-ZIP: Tallahassee, Florida 32310	31 TITLE: VP 32 NAME: Harold Ford 33 STREET ADDRESS: 8028 Pin Oak Road 34 CITY-ST-ZIP: Tallahassee, Florida 32310 ☒ Change ☐ Addition
TITLE: Vice President NAME: Cassie Brown-Hammock STREET ADDRESS: 4495 Sheffer Rd., Apt H68 CITY-ST-ZIP: Tallahassee, Florida 32311	41 TITLE: Treasurer 42 NAME: Cassie Brown-Hammock 43 STREET ADDRESS: 8137 Buck Lake Road 44 CITY-ST-ZIP: Tallahassee, Florida 32311 ☐ Change ☒ Addition
TITLE: Secretary NAME: Brent Bruton STREET ADDRESS: 634 Mark Drive CITY-ST-ZIP: Tallahassee, Florida 32310	51 TITLE: VP 52 NAME: Al Royer 53 STREET ADDRESS: 2589 Pine Ridge Road 54 CITY-ST-ZIP: Tallahassee, Florida 32308 ☐ Change ☒ Addition
TITLE: Treasurer NAME: Thomas Clark STREET ADDRESS: 2411 Jackson Bluff Road CITY-ST-ZIP: Tallahassee, Florida 32304	61 TITLE: Secretary 62 NAME: Rosalind Tompkins 63 STREET ADDRESS: 1802 McElroy Street 64 CITY-ST-ZIP: Tallahassee, Florida 32310 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James G. Brown 5/9/95 (904) 488-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #