

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **028228**

1. Corporation Name

**Comprehensive community and Family Services, Inc.**

Principal Place of Business

Mailing Address

**313 North Macomb Street  
Tallahassee, FL 32303**

FILED  
96 JUL 25 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001904059  
-07/25/96--01013--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tallahassee, FL

28 City & State

Zip

Country

Zip

Country

24 USA

29

30

3. Date Incorporated or Qualified

9/7/88

3a. Date of Last Report

5/17/95

4. FEI Number

59-3312083

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**James G. Brown Ph.D  
5578 Pedrick Plantation Circle  
Tallahassee, FL 32311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RA/ PD

**James G. Brown  
5578 Pedrick Plantation Circle  
Tallahassee, FL 32311**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD

**Harold Ford  
8028 Pin Oak Road  
Tallahassee, FL 32310**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD

**AL Royer  
2599 Pine Ridge Road  
Tallahassee, FL 32308**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD

**Willie Chambers  
410 1st Street SE  
Tallahassee, FL 32333**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD

**Cassie Brown Hammock  
8137 Bucklake Road  
Tallahassee, FL 32311**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD

**Rosalind Tompkins  
1802 McElroy St.  
Tallahassee, FL 32310**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD Patricia Ann Brown  
1615 Stuckey Avenue #101A  
Tallahassee, FL 32301**

☐ Change

☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

**Cassie Brown Hammock**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96  
Date

222-5151  
Daytime Phone #

CR2E037 (12/95)