

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28228 (7)  
1. Corporation Name  
COMPREHENSIVE COMMUNITY AND FAMILY SERVICES, INC



Principal Place of Business 313 NORTH MACOMB STREET TALLAHASSEE FL 32303	Mailing Address 313 NORTH MACOMB STREET TALLAHASSEE FL 32301-1017
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1988		3a. Date of Last Report 07/25/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3312085		Applied For Not Applicable			
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent BROWN, JAMES G., PH.D. 5578 PEDRICK PLANTATION CIRCLE TALLAHASSEE FL 32311		10. Name and Address of New Registered Agent	
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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES G.	1.2 NAME	
STREET ADDRESS	5578 PEDRICK PLANTATION CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32311	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, HAROLD	2.2 NAME	
STREET ADDRESS	8028 PIN OAK ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYER, AL	3.2 NAME	
STREET ADDRESS	2589 PINE RIDGE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, WILLIE	4.2 NAME	
STREET ADDRESS	110 1ST STREET SE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32333	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOCK, CASSIE BROWN	5.2 NAME	
STREET ADDRESS	8137 BUCKLAKE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32311	5.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMPKINS, ROSALIND	6.2 NAME	
STREET ADDRESS	1802 MCELROY ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97  
Date

Daytime Phone # 0007286

CR2E037 (9/96)