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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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 32303

3. Date Incorporated or Qualified

09/07/1988

4. FEI Number

59-3312085

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JAMES G., 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BROWN, JAMES G.  
STREET ADDRESS 5578 PEDRICK PLANTATION CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME FORD, HAROLD  
STREET ADDRESS 8028 PIN OAK ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME ROYER, AL  
STREET ADDRESS 2589 PINE RIDGE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME CHAMBERS, WILLIE  
STREET ADDRESS 110 1ST STREET SE  
CITY-ST-ZIP TALLAHASSEE FL 32333 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME HAMMOCK, CASSIE BROWN  
STREET ADDRESS 8137 BUCKLAKE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD  
NAME BROWN, JOSEPH W  
STREET ADDRESS 4616 STUCKEY ST 2616 Mission Rd., Apt. 86  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Patricia BROWN, SD  
6.3 STREET ADDRESS 2616 Mission Road, Apt. 86  
6.4 CITY-ST-ZIP Tall FL 32303

14. 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 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: James P. Brown (James G. Brown) 2-25-98 (850) 309-0811

CP2E037 (10/97)