

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44894

FILED
Jan 05, 2008
Secretary of State

Entity Name: COMMUNITY SERVICES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4878 BLUE SPRING ROAD
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

4878 BLUE SPRINGS ROAD
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-3089619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, MICHAEL S
3190
TOWNHOUSE DRIVE
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RABON, ROLAND
Address: 4878 BLUE SPRINGS ROAD
City-St-Zip: MARIANNA, FL

Title: D () Delete
Name: EVANS, MICHAEL S
Address: 4878 BLUE SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: CALLOWAY, SHARON
Address: 4878 BLUE SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. EVANS

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01/05/2008

Electronic Signature of Signing Officer or Director

Date