

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44894

**FILED**  
**Jan 07, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

EVANS, MICHAEL S  
4878 BLUE SPRINGS ROAD  
MARIANNA, FL 32446 US

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

01/07/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. EVANS

DIR

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date