

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004224

Entity Name: COUNCIL SERVICES, INC.**Current Principal Place of Business:**140 HIGHWAY 27 EAST
AMERICUS, GA 31709**Current Mailing Address:**140 HIGHWAY 27 EAST
AMERICUS, GA 31709**FEI Number:** 58-2639826**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAIRD, MARY
990 CO HWY 185
DEFUNIAK SPRINGS, FL 32433 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:** MARY LAIRD

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CP
Name	HOLLOWAY, MICKEY
Address	280 SNIDER WAY
City-State-Zip:	ELLAVILLE GA 31806

Title	VCVP
Name	LAWSON, TIM
Address	305 PATTON DRIVE
City-State-Zip:	AMERICUS GA 31709

Title	D
Name	GRAVES, NORMAN
Address	339 HIGHWAY 49 S
City-State-Zip:	AMERICUS GA 31719

Title	D
Name	DILLARD, CAROL
Address	1130 CEMETARY ROAD
City-State-Zip:	PRESTON GA 31824

Title	S
Name	TANNER, BETH
Address	32 WILLOW STREET
City-State-Zip:	BUTLER GA 31006

Title	T
Name	MASON, JOAN
Address	126 LAKE JENNIFER DRIVE
City-State-Zip:	AMERICUS GA 31709

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: NORMAN GRAVES**EXECUTIVE DIRECTOR**

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date