

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000320

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** ANTHEM COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

2902 SW 75 ST.  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

2902 SW 75 STREET  
GAINESVILLE, FL 32608

**Current Mailing Address:**

2902 SW 75 ST.  
GAINESVILLE, FL 32608

**New Mailing Address:**

2902 SW 75 STREET  
GAINESVILLE, FL 32608

**FEI Number:** 14-1845822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLEMONS, CHAD  
24751 NW 155 AVENUE  
HIGH SPRINGS, FL 32643 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: PD  
Name: CLEMONS, CHAD  
Address: 2902 SW 75 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: S  
Name: GRATTO, KRISTIE  
Address: 2902 SW 75 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: D  
Name: MCDANIEL, DAVID  
Address: 3157 ROYAL DRIVE, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

Title: D  
Name: WISE, DONALD  
Address: 3157 ROYAL DRIVE, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

Title: D  
Name: KEOUGH, DAVID  
Address: 8892 SW 125TH AVENUE  
City-St-Zip: ARCHER, FL 32618

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: CHAD CLEMONS

PD

02/08/2012

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

\_\_\_\_\_  
Date