

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/2/96: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:34

DOCUMENT # N29258 (3)
1. Corporation Name
CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.

Principal Place of Business Mailing Address
% V. LYNN GROCE
714 N.W. 36TH ST.
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1988	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2927098	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1903 NW 35 Ave	2a. Mailing Address 26 P.O. Box 14582
Suite, Apt. #, etc. 22 GAINESVILLE, FL	Suite, Apt. #, etc. 27 GAINESVILLE, FL
City & State 23	City & State 28
Zip 24 32605	Country 25
Zip 29 32604	Country 30

9. Name and Address of Current Registered Agent

GROCE, V. LYNN
714 N.W. 36TH ST.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNETTE, JOHNNY (DR)
STREET ADDRESS	4825 NW 21ST TERR
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VD
NAME	ANKRIM PHILIP DR.
STREET ADDRESS	1418 N.W. 50TH TERR
CITY - ST - ZIP	GAINESVILLE FL 32605
TITLE	SD
NAME	GREEN, MARY ALICE
STREET ADDRESS	6008 N.W. 37TH TERR.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	GRATTO, KATHY
STREET ADDRESS	9717 S.W. 55TH RD.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	SEXTON ELOISE
STREET ADDRESS	6521 N.W. 37TH TERR
CITY - ST - ZIP	GAINESVILLE FL 32606
TITLE	D
NAME	PARKER, JOHN
STREET ADDRESS	2110 N.W. 46TH ST
CITY - ST - ZIP	GAINESVILLE FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	6519 W. NEWBERY RD #915
44 CITY - ST - ZIP	GAINESVILLE, FL 32605
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Johnny L. Arnette President Date: 6/12/95 Daytona Phone #: 904 373 9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)