

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29258 (3)

1. Corporation Name

CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.



Principal Place of Business

Mailing Address

1903 NW 35 AVENUE
GAINESVILLE FL 32605
US

P.O. BOX 14582
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified
11/09/1988

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2927098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ARNETTE, JOHNNY (DR)
STREET ADDRESS 4625 NW 21ST TERR
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME ANKRIM PHILIP DR.
STREET ADDRESS 1418 N.W. 50TH TERR
CITY-ST-ZIP GAINESVILLE FL 32605

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME GREEN, MARY ALICE
STREET ADDRESS 6006 N.W. 37TH TERR.
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MARY ALICE DENNIS (GOT MARRIED)
3.3 STREET ADDRESS 11606 SW 156 ST
3.4 CITY-ST-ZIP ARCHER, FL 32618

TITLE TD ☐ DELETE
NAME GRATTO, KATHY
STREET ADDRESS 6519 W. NEWBERRY ROAD #915
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 9719 SW 67 DRIVE
4.4 CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D ☐ DELETE
NAME SEXTON ELOISE
STREET ADDRESS 6521 N.W. 37TH TERR
CITY-ST-ZIP GAINESVILLE FL 32606

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PARKER, JOHN
STREET ADDRESS 2110 N.W. 46TH ST
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/96

(352) 371-1768

CR2E037 (12/95)