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FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
USP.O. BOX 14582
GAINESVILLE FL 32604-2582
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/09/1988

3a. Date of Last Report

04/03/1996

4. FEI Number

59-2927098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 ☐ DELETENAME ARNETTE, JOHNNY (DR)
STREET ADDRESS 4625 NW 21ST TERR
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETENAME ANKRIM PHILIP DR.
STREET ADDRESS 1418 N.W. 50TH TERR
CITY-ST-ZIP GAINESVILLE FL 326052.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETENAME DENNIS, MARY ALICE
STREET ADDRESS 11606 SW 156ST
CITY-ST-ZIP ARCHER FL3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE TD ☐ DELETENAME GRATTO, KATHY
STREET ADDRESS 8719 SW 67 DRIVE
CITY-ST-ZIP GAINESVILLE FL4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME SEXTON ELOISE
STREET ADDRESS 6521 N.W. 37TH TERR
CITY-ST-ZIP GAINESVILLE FL 326085.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME PARKER, JOHN
STREET ADDRESS 2110 N.W. 46TH ST
CITY-ST-ZIP GAINESVILLE FL6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

Johnny Arnette L. 14-97 (352) 373-9696

Date

Daytime Phone #0010821

CR2E037 (9/96)