FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FILED Jan 22 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # N2925	8 (3)				
CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.						
Principal Place of Business Mailing Address						
1903 NW 35 AVENUE P.O. BOX 14582					3. Date Incorporated or Qualified	
GAINESVILE FL 32605 GAINESVILE FL 32604 US US					11/09/1988	
00		00			4. FEI Number	Applied For
<u> </u>	N. S.	10-11-10-11-11-11-11-11-11-11-11-11-11-1			59-2927098	Not Applicable
-	Place of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & Stat	e	City & State			7. Is this nonprofit corporation a homeowr	
Zip	Country	28 Zip	Countr			No No
24 ZIP	25 29 30		<u></u>	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren		100		10. Name and Address of New Registere	
-		• •	81	Name		
GROCE, V. LYNN			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
714 N.W. 36TH ST.			83	<u> </u>		
GAINES	VILLE FL 32605		100	1		
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the abov	e-named cor	poration submits this statement for the purpose	of changing its registered
office of a agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	authorized b Iorida Statute	y the corpora s.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	opointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE: Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTORS IN 12
TITLE	PD	DELETE 1.1 TI			ADDITIONATIANCES TO OFFICE IO A	Change Addition
NAME	ARNETTE, JOHNNY (DR)	(DR) 1.2 N				
STREET ADDRESS	440F 1994 040T TEED		1.3 STREE	T ADDRESS		3
CITY-ST-ZIP			1.4 CITY -	ST-ZIP		
TITLE	VD	DELETE 2.171				Change Addition
NAME	4440 MM FOTH TERR		2.2 NAME			
STREET ADDRESS	CARRED WAR TO ASSET			T ADDRESS		Į
CITY-ST-ZIP TITLE			2. 4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
NAME	STILL STATE		3.2 NAME			Stange Madition
STREET ADDRESS	ALCON ON ARROT			T ADDRESS		
CITY - ST - ZIP	ABOUTE EL		3.4. CITY-	1		
TITLE	TD	☐ DELETE	4.1 TITLE			Change Addition
NAME	GRATTO, KATHY		4. 2 NAME			
STREET ADDRESS	9719 SW 67 DRIVE		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL			ST-ZIP		
TITLE	D CENTON ELOIGE	DELETE 5.1 TIT		1		Change Addition
NAME	SEXTON ELOISE		5.2 NAME	ſ		}
STREET ADORESS	O AINTENNIA E EL CORRA			T ADDRESS		
CITY-ST-ZIP TITLE			5,4 CITY - : 6,1 TITLE	21-516	,	Change Addition
NAME			6.2 NAME			
STREET ADDRESS	2110 N.W. 46TH ST			T ADORESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-5	1		
	certify that the information supplied wi	ith this filing does not qualify	for the exemp	tion 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:

1-12-98

352 373-9696