

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90078 024 \*\*\*\*61.25

**DOCUMENT # N29258**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2927098**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARNETTE, JOHNNY (DR)</b>	
STREET ADDRESS	<b>4625 NW 21ST TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ANKRIM PHILIP DR.</b>	
STREET ADDRESS	<b>1418 N.W. 50TH TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DENNIS, MARY ALICE</b>	
STREET ADDRESS	<b>615 SW-127 ST</b>	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GRATTO, KATHY</b>	
STREET ADDRESS	<b>9719 SW 67 DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEXTON ELOISE</b>	
STREET ADDRESS	<b>15006 NW 147 AVE</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, JOHN</b>	
STREET ADDRESS	<b>2110 N.W. 46TH ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*JOHNNY L. ARNETTE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHNNY L. ARNETTE 01/19/02**  
 Date

**352 373 9696**  
 Daytime Phone #

CR2E037 (9/01)