
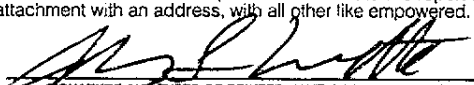


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N29258 1. Entity Name CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.					
Principal Place of Business 1903 NW 35 AVENUE GAINESVILLE FL 32605 US			Mailing Address P.O. BOX 14582 GAINESVILLE FL 32604 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2927098	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROCE, V. LYNN 714 N.W. 36TH ST. GAINESVILLE FL 32605				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARNETTE, JOHNNY (DR) 4625 NW 21ST TERR GAINESVILLE FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANKRIM PHILIP DR. 1418 N.W. 50TH TERR GAINESVILLE FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DENNIS, MARY ALICE 615 SW 127 ST NEWBERRY FL 32669	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRATTO, KATHY 9719 SW 67 DRIVE GAINESVILLE FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEXTON ELOISE 15006 NW 147 AVE ALACHUA FL 32615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, JOHN 2110 N.W. 46TH ST GAINESVILLE FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  President JOHNNY L. ARNETTE 01/30/04					



MOORE CR2E037 (11/03)

4. FEI Number 59-2927098 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD ARNETTE, JOHNNY (DR) 4625 NW 21ST TERR GAINESVILLE FL 32605

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP
U000000035484 02/06/04-80019-009 61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP
SD DENNIS, MARY ALICE 615 SW 127 ST NEWBERRY FL 32669

TITLE NAME STREET ADDRESS CITY - ST - ZIP
TD GRATTO, KATHY 9719 SW 67 DRIVE GAINESVILLE FL 32608

TITLE NAME STREET ADDRESS CITY - ST - ZIP
D SEXTON ELOISE 15006 NW 147 AVE ALACHUA FL 32615

TITLE NAME STREET ADDRESS CITY - ST - ZIP
D PARKER, JOHN 2110 N.W. 46TH ST GAINESVILLE FL 32605

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