

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29258

FILED
Apr 08, 2008
Secretary of State

Entity Name: CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.

Current Principal Place of Business:

1903 NW 35 AVENUE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14582
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2927098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, ERICSON B.
3436 NW 17 TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: EDEWAARD, ROBERT
Address: 4040 NW 20 DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VCH () Delete
Name: GRUSH, WAYNE
Address: 4910 NW 40 STEET
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: WAGNER, JENNY
Address: 2221 NW 42 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: SZYMANSKI, MARK
Address: 8332 SW 17 LN
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: GREEN, NANCY
Address: 5801 NW 23 TERRACE APT. B
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: INGRAM, ROD
Address: 526 NW 36 AVE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GREEN, NANCY
Address: 5801 NW 23 TERRACE APT. B
City-St-Zip: GAINESVILLE, FL 3265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WAGNER, JENNY
Address: 2221 NW 42 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICSON FRANK

E.D.

04/08/2008

Electronic Signature of Signing Officer or Director

Date