

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29258

FILED  
Feb 03, 2011  
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  
Name: DOLES, GREG  
Address: 6007 NW 33RD ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: VCH  
Name: ADAMS, ELLIOTT  
Address: 4634 NE 16TH TER  
City-St-Zip: GAINESVILLE, FL 32609

Title: SD  
Name: INGRAM, ROD  
Address: 526 NW 36 AVE  
City-St-Zip: GAINESVILLE, FL 32609

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

Title: D  
Name: DILLON, DONNY  
Address: 1133 NW 98 TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: JONES, KENT  
Address: 3921 NW 29TH LN  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: ERICSON FRANK

ED

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date