


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90182 021 \*\*\*\*61.25

**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.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2927098** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GROCE, V. LYNN  
714 N.W. 36TH ST.  
GAINESVILLE FL 32607**

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 \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNETTE, JOHNNY (DR)</b>	NAME	
STREET ADDRESS	<b>4625 NW 21ST TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANKRIM PHILIP DR.</b>	NAME	
STREET ADDRESS	<b>1418 N.W. 50TH TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS, MARY ALICE</b>	NAME	
STREET ADDRESS	<b>615 SW 127 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRATTO, KATHY</b>	NAME	
STREET ADDRESS	<b>9719 SW 67 DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEXTON ELOISE</b>	NAME	
STREET ADDRESS	<b>15006 NW 147 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, JOHN</b>	NAME	
STREET ADDRESS	<b>2110 N.W. 46TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	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: *[Signature]* **L. Arnette** 01/20/03

CR2E037 (10/02)