

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. 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 **PD** ☐ Delete  
NAME **ARNETTE, JOHNNY (DR)**  
STREET ADDRESS **4625 NW 21ST TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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*  
**JOHNNY L. Arnette**

01/20/03

CR2E037 (10/02)