

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29258

Entity Name: CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.**Current Principal Place of Business:**1903 NW 35 AVENUE
GAINESVILLE, FL 32605**Current Mailing Address:**P.O. BOX 14582
GAINESVILLE, FL 32604 US**FEI Number:** 59-2927098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLOVER, DAN
1903 NW 35 AVENUE
GAINESVILLE, FL 32605 US*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:** DAN CLOVER

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CH
Name DOLES, GREG
Address 6007 NW 33RD ST
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER
Name SZYMANSKI, MARK
Address 2615 NW 21ST ST
City-State-Zip: GAINESVILLE FL 32605

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

Title VC, P, DIRECTOR
Name CLOVER, DAN
Address 1702 NW 10TH ST
City-State-Zip: GAINESVILLE FL 32609

Title D
Name DEBRA NEWELL
Address 1903 NW 35 AVENUE
City-State-Zip: GAINESVILLE FL 32605

Title D
Name KYES, ALLYN
Address 7832 NW 45 ST
City-State-Zip: GAINESVILLE FL 32653

Title D
Name BALTRUCKI, KAY
Address 7439 SW 79 DR
City-State-Zip: GAINESVILLE FL 32608

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: DAN CLOVER

VC, P, DIRECTOR

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date