

2021 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 358173
GAINESVILLE, FL 32635 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

09/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, MEMBER
Name JAROCH, MARSHALL
Address 4626 NW 8TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title OTHER, MEMBER
Name DILLON, DONNY
Address 4626 NW 8TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title D, MEMBER
Name QUINN, RYAN
Address 4626 NW 8TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title D, MEMBER
Name BENTON, JOHN
Address 1903 NW 35 AVENUE
City-State-Zip: GAINESVILLE FL 32605

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

Title DIRECTOR, ASST. TREASURER,
ASST. EXECUTIVE, OFFICER
Name CLOVER, DAN
Address 1903 NW 35 AVENUE
City-State-Zip: GAINESVILLE FL 32605

Title D, MEMBER, OFFICER, ASST.
Name BALTRUCKI, KAY
Address 1903 NW 35 AVENUE
City-State-Zip: GAINESVILLE FL 32605

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**DIRECTOR**

09/15/2021

Electronic Signature of Signing Officer/Director Detail

Date