

2013 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:**FRANK, ERICSON B.
3436 NW 17 TERRACE
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:**_____
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 | TD |
| Name | SZYMANSKI, MARK |
| Address | 8332 SW 17 LN |
| City-State-Zip: | GAINESVILLE FL 32608 |

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

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

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | FRANK, ERICSON B |
| Address | 3436 NW 17 TERRACE |
| 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: ERICSON FRANK**EXECUTIVE DIRECTOR****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date