

**2020 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

06/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title P, DIRECTOR  
Name CLOVER, DAN  
Address 1903 NW 35TH AVE  
City-State-Zip: GAINESVILLE FL 32605

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

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

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**DIRECTOR**

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date