## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010462

FILED Feb 21, 2008 Secretary of State

Entity Name: CHRISTIAN COALITION FAMILY CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 3031 NW 79TH COURT #A GAINESVILLE, FL 32606 **Current Mailing Address: New Mailing Address:** PO BOX 357874 PO BOX 82 ARCHER, FL 32618 GAINESVILLE, FL 32653 78 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAWFORD, LORENZO L 3031 NW 79TH COURT #A GAINESVILLE, FL 32606 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition CRAWFORD, LORENZO L CRAWFORD, LORENZO L Name: Name: Address: PO BOX 82 Address: 3031 N.W. 79TH COURT #A City-St-Zip: ARCHER, FL 32618 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change () Addition GRAHAM, BELINDA Name: Name: Address: 622 QUEENS ROAD Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: () Delete Title: () Change () Addition MURPHY, GLORIA Name: Name: PO BOX 562 Address: Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip: Title: ST ( ) Delete Title: () Change () Addition Name: JOHNSON, RAQUAL Name: Address: 3031 NW 79TH COURT #A Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORENZO L. CRAWFORD O 02/21/2008