

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 18, 2011  
Secretary of State**

DOCUMENT# N07000010462

**Entity Name:** CHRISTIAN COALITION FAMILY CHURCH, INC.

**Current Principal Place of Business:**

3631 NW 49TH TERRACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3631 NW 49TH TERRACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 26-1115109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAWFORD, LORENZO L  
3631 NW 49TH TERRACE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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:**

Title: O  
Name: CRAWFORD, LORENZO L  
Address: 3631 N.W. 49TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: O  
Name: CRAWFORD, RAQUAL  
Address: 3631 NW 49TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: O  
Name: BATTLES-JOHNSON, RAY JEAN  
Address: 105 N.E. 48TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: ST  
Name: HOLMES, ARIFAH  
Address: 2309 SOUTH EAST 9TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

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: LORENZO L. CRAWFORD

APOS

05/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date