

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010462

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC1221028368**

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

**Current Principal Place of Business:**

6040 SW ARCHER ROAD  
GAINESVILLE, FL 32608

**Current Mailing Address:**

6040 SW ARCHER ROAD  
GAINESVILLE, FL 32608 US

**FEI Number: 26-1115109**

**Certificate of Status Desired: No**

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

CRAWFORD, LORENZO L  
6040 SW ARCHER ROAD  
GAINESVILLE, FL 32608 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: LORENZO L. CRAWFORD**

**05/01/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER, APOSTLE / OVERSEER /  
FOUNDER  
Name CRAWFORD, LORENZO L  
Address 6040 SW ARCHER ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title ELDER  
Name CRAWFORD, RAQUAL V.  
Address 6040 SW ARCHER ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title ELDER / CORRESPONDING  
SECRETARY  
Name JOHNSON, ERENNEQUEA E.  
Address 6040 SW ARCHER ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title ELDER / SECRETARY  
Name REESE, ARIFAH  
Address 2309 S.E 9TH AVENUE  
City-State-Zip: GAINESVILLE FL 32641

Title CHIEF MINISTER  
Name CRAWFORD , EDWIN L.  
Address 6040 SW ARCHER ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title MINISTER  
Name PARKER, FREDERICK D. III  
Address 1658 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title MINISTER  
Name RAWLS, RONALD III  
Address 1502 NW 31ST STREET  
City-State-Zip: GAINESVILLE FL 32605

Title MINISTER  
Name RALWS, ALANA S.  
Address 1502 NW 31ST STREET  
City-State-Zip: GAINESVILLE FL 32605

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*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**

**OVERSEER/FOUNDER**

**05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DEACON  
Name HUTCHINGS , KEVIN X.  
Address 1112 STEELE COURT  
APT. 3  
City-State-Zip: JACKSONVILLE FL 32209

Title PORTER  
Name HAMBRICK, RENETTA L.  
Address 1502 NW 31ST STREET  
City-State-Zip: GAINESVILLE FL 32605

Title PORTER  
Name MITCHELL , CORNESIA D.  
Address 4700 SW ARCHER ROAD  
City-State-Zip: GAINESVILLE FL 32608