

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