### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010462

Entity Name: CHRISTIAN COALITION FAMILY CHURCH, INC.

**FILED** Apr 22, 2022 **Secretary of State** 6172593193CC

## **Current Principal Place of Business:**

7501 SW 75TH STREET GAINESVILLE, FL 32608

## **Current Mailing Address:**

**7501 SW 75TH STREET** GAINESVILLE, FL 32608 US

FEI Number: 26-1115109 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

CRAWFORD, LORENZO L 7501 SW 75TH STREET 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 CRAWFORD 04/22/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	APOSTLE / FOUNDER/ OVERSEER	Title	PROPHETESS MOTHER
Name	CRAWFORD, LORENZO L	Name	CRAWFORD, RAQUAL V.
Address	7501 SW 75TH STREET	Address	7501 SW 75TH STREET
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608

Title OVERSEER / CORRESPONDING

SECRETARY

JOHNSON, ERENNEQUEA E

7501 SW 75TH STREET Address

City-State-Zip: GAINESVILLE FL 32608

Title **EVANGELIST** 

Name

Name CRAWFORD, EDWIN L. Address **7501 SW 75TH STREET** 

City-State-Zip: GAINESVILLE FL 32608

Title **TEACHER** 

Name RAWLS, ALANA S. 948 NW 252ND DRIVE Address

City-State-Zip: NEWBERRY FL 32669

Title PROPHETESS / SECRETARY

Name REESE, ARIFAH

Address 2309 SE 9TH AVENUE

GAINESVILLE FL 32608 City-State-Zip:

Title **PASTOR** 

Name RAWLS, RONALD III Address 948 NW 252ND DRIVE City-State-Zip: NEWBERRY FL 32669

Title MINISTER

С Name ROGERS, SAMUEL

4934 NW 21ST STREET Address 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 CRAWFORD

Electronic Signature of Signing Officer/Director Detail

04/22/2022 **FOUNDER** 

Date

## Officer/Director Detail Continued:

Title MINISTER

Name PARKER, FREDERICK D. III
Address 1219 DENAUD STREET
City-State-Zip: JACKSONVILLE FL 32205

Title MINISTER

Name SMITH, ARIENNE M.
Address 7501 SW 75TH STREET
City-State-Zip: GAINESVILLE FL 32608

Title DEACONESS

Name HUTCHINGS, ASIA K. Address 1219 DENAUD STREET

City-State-Zip: JACKSONVILLE FL 32205

Title PORTER

Name DAVIS, CORNESIA D.

Address 4700 SW ARCHER ROAD

APT F45

City-State-Zip: GAINESVILLE FL 32608

Title MINISTER

Name BAILEY, DERRICK D JR.

Address 1219 DENAUD STREET

City-State-Zip: JACKSONVILLE FL 32205

Title DEACON

Name HUTCHINGS, KEVIN X.

Address 1219 DENAUD STREET

City-State-Zip: JACKSONVILLE FL 32205

Title CHIEF PORTER

Name HAMBRICK, RENETTA L.

Address 948 NW 252ND DRIVE

City-State-Zip: NEWBERRY FL 32669