

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N07000010462

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

**Current Principal Place of Business:**

3631 NW 49TH TERRACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3631 NW 49TH TERRACE  
GAINESVILLE, FL 32606

**FEI Number:** 26-1115109

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title            SECRETARY  
Name            HOLMES, ARIFAH  
Address        2309 SE 9TH AVENUE  
City-State-Zip: GAINESVILLE FL 32641

Title            CORRESPONDING SECRETARY  
Name            JOHNSON, ERENNEQUEA E  
Address        2309 S.E 9TH AVENUE  
City-State-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

**PRESIDENT**

**05/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date