

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000001668

**Entity Name:** CHRISTIAN LAW ASSOCIATION, INC.

**Current Principal Place of Business:**

6398 THORNBERRY CT  
MASON, OH 45040

**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**4336751616CC**

**Current Mailing Address:**

PO BOX 8600  
MASON, OH 45040 US

**FEI Number: 34-1245065**

**Certificate of Status Desired: Yes**

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

COATES, JAMES Z JR.  
19343 HASKELL PLACE  
LAND O' LAKES, FL 34638 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: JAMES Z. COATES, JR.**

**04/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GIBBS, DAVID C JR.  
Address 4293 N. MASON MONTGOMERY ROAD  
City-State-Zip: MASON OH 45040

Title D  
Name WALLACE, RICHARD  
Address 2501 NORTHSORE BLVD.  
City-State-Zip: FLOWER MOUND TX 75028

Title DIRECTOR  
Name GIDDINGS, SHARON  
Address 6398 THORNBERRY CT  
City-State-Zip: MASON OH 45040

Title D  
Name CHAPPELL, PAUL  
Address 4020 LANCASTER BLVD.  
City-State-Zip: LANCASTER CA 93535

Title S  
Name GIBBS, GLORIANNE  
Address 4293 NORTH MASON MONTGOMERY ROAD  
City-State-Zip: MASON OH 45040

Title D  
Name REYNOLDS, JOHN  
Address 6398 THORNBERRY CT.  
City-State-Zip: MASON OH 45040

Title DIRECTOR  
Name POPE, JOHNNY  
Address 6398 THORNBERRY CT  
City-State-Zip: MASON OH 45040

Title DIRECTOR  
Name CRICHTON, THOMAS  
Address 6398 THORNBERRY CT  
City-State-Zip: MASON OH 45040

**Continues on page 2**

*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: MICHAEL ADAMS**

**TREASURER**

**04/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                |
|-----------------|----------------|
| Title           | T              |
| Name            | ADAMS, MICHAEL |
| Address         | PO BOX 8600    |
| City-State-Zip: | MASON OH 45040 |