

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012218

**Entity Name:** GAINESVILLE FAMILY WORSHIP CENTER, INC.**Current Principal Place of Business:**1938 N.E WALDO RD  
GAINESVILLE, FL 32609**Current Mailing Address:**1938 N.E WALDO RD  
GAINESVILLE, FL 32609**FEI Number:** 24-0128432**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAWFORD, TODD  
3015 N.E 13 TH DR  
GAINESVILLE, FL 32609 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	DP
Name	CRAWFORD, TODD
Address	3015 N.E 13TH DR
City-State-Zip:	GAINESVILLE FL 32609

Title	DV
Name	CRAWFORD, BEVERLY
Address	3015 N.E 13TH DR
City-State-Zip:	GAINESVILLE, FL 32609

Title	TREA
Name	BENNETT, VALERIE
Address	104 MCCALL LANE
City-State-Zip:	EAST PALATKA FL 32609

Title	O
Name	HARMON, WILLIAM
Address	11623 S.W 8TH AVE.
City-State-Zip:	GAINESVILLE FL 32607

Title	O
Name	WILLIAMS, BIRDELLA SHARLETTE
Address	6815 W. UNIVERSITY AVE APT. 12105
City-State-Zip:	GAINESVILLE FL 32607

Title	SEC
Name	CRAWFORD, LATRINA R
Address	3015 N.E 13TH DR
City-State-Zip:	GAINESVILLE FL 32609

*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:** TODD CRAWFORD**PRESIDENT****04/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date