### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010462

Entity Name: CHRISTIAN COALITION FAMILY CHURCH, INC.

**FILED** Apr 11, 2023 **Secretary of State** 8680404709CC

# **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 04/11/2023

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. Name

7501 SW 75TH STREET Address

City-State-Zip: GAINESVILLE FL 32608

Title **EVANGELIST** 

Name WILSON, GLORIA W.

Address P.O. BOX 862

City-State-Zip: ARCHER FL 32618

Title **PASTOR** 

Name RAWLS, RONALD III 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 **EVANGELIST** 

Name CRAWFORD, EDWIN L

Address 7501 SW 75TH STREET

GAINESVILLE FL 32608 City-State-Zip:

Title **TEACHER** 

RAWLS, ALANA Name S.

948 NW 252ND DRIVE Address

City-State-Zip: NEWBERRY FL 32669

### 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: LORENZO L. CRAWFORD

Electronic Signature of Signing Officer/Director Detail

FOUNDER/OVERSEER

04/11/2023

Date

### Officer/Director Detail Continued:

ELDER Title Title **MINISTER** 

ROGERS, SAMUEL C. Name Name PARKER, FREDERICK D. III Address 4934 NW 21ST STREET Address 1219 DENAUD STREET City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: GAINESVILLE FL 32605

Title **MINISTER** Title MINISTER

Name SMITH, ARIENNE M. Name BAILEY, DERRICK D. JR. Address **7501 SW 75TH STREET** Address 1219 DENAUD STREET City-State-Zip: GAINESVILLE FL 32608 City-State-Zip: JACKSONVILLE FL 32205

Title **DEACONESS** Title **DEACON** 

Name HUTCHINGS, ASIA K. HUTCHINGS, KEVIN X. Name 1219 DENAUD STREET Address Address 1219 DENAUD STREET City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: JACKSONVILLE FL 32205

Title **PORTER** Title **CHIEF PORTER** 

Name DAVIS, CORNESIA D. HAMBRICK, RENETTA L. Name Address 4700 SW ARCHER ROAD Address 948 NW 252ND DRIVE APT. F45

City-State-Zip: NEWBERRY FL 32669 City-State-Zip: GAINESVILLE FL 32608

Title **CHIEF NETHINIM** 

Name ROGERS, JOHN-PHILLIP Name DAVIS, WALTDRECOUS J. Address 1706 NW 55TH TERRACE 4700 SW ARCHER ROAD Address City-State-Zip: GAINESVILLE FL 32605 City-State-Zip: GAINESVILLE FL 32608

Title

**NETHINIM**