

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001057

1. Entity Name

CHARLOTTE'S FAITH AND DELIVERANCE TEMPLE INC.

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90152 004 \*\*\*\*70.00

Principal Place of Business

*Elder*  
MINISTER ALICE WILLIAMS  
P.O. BOX 1595  
CRAWFORDVILLE FL 32326

Mailing Address

MINISTER ALICE WILLIAMS  
P.O. BOX 1595  
CRAWFORDVILLE FL 32326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3659135

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MINISTER ALICE  
154 BROWNDONALDSON RD.  
CRAWFORDVILLE FL 32327

Name

*Elder Alice Williams*

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Machelle Wiggins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME DIR  
STREET ADDRESS WILLIAMS, ALICE PASTOR  
CITY-ST-ZIP P.O. BOX 1595  
CRAWFORDVILLE FL 32326

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DIR  
STREET ADDRESS LIGGINS, MARIA TREASUR  
CITY-ST-ZIP 6027 SHAUMUT DR.  
TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DIR  
STREET ADDRESS WIGGINS, MACHELLE SECRETA  
CITY-ST-ZIP 10249 SYPHON DR.  
TALLAHASSEE FL 32305

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2074 Midyette Rd.  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Machelle Wiggins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02

CR2E037 (9/01)