

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001057

FILED
Aug 31, 2007
Secretary of State

Entity Name: CHARLOTTE'S FAITH AND DELIVERANCE TEMPLE INC.

Current Principal Place of Business:

PO BOX 1595
CRAWFORDVILLE, FL 32326

New Principal Place of Business:

154 BROWN DONALDSON RD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 1595
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3659135 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, ALICE ELDER
1204 RICHVIEW RD
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WILLIAMS, ALICE
Address: P.O. BOX 1595
City-St-Zip: CRAWFORDVILLE, FL 32326 US

Title: D () Delete
Name: JOHNSON, PAMELA
Address: 1075 FAIRVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DIR () Delete
Name: WIGGINS, MACHELLE
Address: 1204 RICHVIEW RD
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICE WILLIAMS

DIR

08/31/2007

Electronic Signature of Signing Officer or Director

Date