

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005119

1. Entity Name

PRAYER HOUSE HOLINESS CHURCH, INC.

APPROVED
AND
FILED

01 FEB 26 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2640 TURKEY OAK LANE
TALLAHASSEE FL 32310-0711

2640 TURKEY OAK LANE
TALLAHASSEE FL 32310-0711

2. Principal Place of Business

2640 Turkey Oak Lane

3. Mailing Address

2640 Turkey Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. EEI Number

59-3674163

Applied For

Not Applicable

Zip 32310-0711

Country Leon

Zip 32310

Country Leon

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FANCE, EDNA L
2640 TURKEY OAK LANE
TALLAHASSEE FL 32310-0711

7. Name and Address of New Registered Agent

Name

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: *Edna L Fance* Edna L Fance

02-12-01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☒ Delete
NAME *Evangelist*
STREET ADDRESS *JOHNNY GRAHAM*
CITY-ST-ZIP *** 1204 HARLEM STREET*
Tallahassee FLA. 32304

TITLE ☒ Delete
NAME *Evangelist*
STREET ADDRESS *Mildred M. Graham*
CITY-ST-ZIP *1204 Harlem Street*
Tallahassee, Fla. 32304

TITLE ☒ Delete
NAME *Secretary*
STREET ADDRESS *Angela L. Taylor*
CITY-ST-ZIP *8129 Black Jack Rd*
Tallahassee, FL 32310

TITLE ☒ Delete
NAME *Deacon*
STREET ADDRESS *Leonard Taylor*
CITY-ST-ZIP *535 W Brevard St*
Tallahassee, FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 supplementary 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:

Edna L Fance

02-26-01 421-6762

Date

Daytime Phone #

CR2E037 (10/00)

0014500