

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90113 041 \*\*\*\*61.25

**DOCUMENT # N00000005119**

1. Entity Name

**PRAYER HOUSE HOLINESS CHURCH, INC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3674162**

Applied For

Not Applicable

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, JOHNNY	
STREET ADDRESS	1204 HARLEM STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, MILDRED M	
STREET ADDRESS	1204 HARLEM STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TAYLOR, ANGELA L	
STREET ADDRESS	8125 DEANWALK RD 629 Preston St	
CITY-ST-ZIP	TALLAHASSEE FL 323104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LEONARD	
STREET ADDRESS	535 NW BREVARD ST	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME	Leamon Peterman	
STREET ADDRESS	109 Hannon mill Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME	Jensen Lamar Taylor	
STREET ADDRESS	629 Preston Street	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Edna L Fance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.1.02

850-562-2010

Date

Daytime Phone #

CR2E037 (9/01)