2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N0000005119 1. Entity Name PRAYER HOUSE HOLINESS CHURCH, INC.				FILED
Principal Place of Business 2640 TURKEY OAK LANE TALLAHASSEE FL 32310-0711		Mailing Address 2640 TURKEY OAK LANE TALLAHASSEE FL 32310-0711		O4 APR 26 AM 9:30 SECRETARY DESTATE TALLAHASSIE, FLORIDA
2. Principal Place of Business 3. A		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent
FANCE, EDNA L 2640 TURKEY OAK LANE TALLAHASSEE FL 32310-0711				s (P.O. Box Number is Not Acceptable)
			6.4	
9 The about			City	FL Zip Code
the obligat	ions of registered agent,	lent for the purpose of changing its r	egistered office or registe	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered	d control of the first control of	2	
	FILE NOW: FEE IS \$61:25 Due By May 1, 2004	. 4-0-8-5-5-2-5-1		\$5.00 May Be Added to Fees Added to Fees STATE Make Check Payable to Florida Department of State
TITLE	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, ANGELA L 629 PRESTON ST TALLAHASSEE FL 32304	L. Detere	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800035722628 Addition 05/06/0401068015 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERMAN, LEAMON 109 HANNON MILL RD TALLAHASSEE FL 32305	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JENSEN L 629 PRESTON STREET TALLAHASSEE FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FANCE, EDNA L 2640 TURKEY OAK LN TALLAHASSEE FL 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 of 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: Signature Daylime Phone # Daylime Phone				