


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005119	
1. Entity Name PRAYER HOUSE HOLINESS CHURCH, INC.	

Principal Place of Business 2640 TURKEY OAK LANE TALLAHASSEE FL 32310-0711	Mailing Address 2640 TURKEY OAK LANE TALLAHASSEE FL 32310-0711
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State	City & State
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4. FEI Number 59-3674162	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FANCE, EDNA L 2640 TURKEY OAK LANE TALLAHASSEE FL 32310-0711
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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005
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9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	
DS	TAYLOR, ANGELA L
629 PRESTON ST	TALLAHASSEE FL 32304
<input type="checkbox"/> Delete	
D	PETERMAN, LEAMON
109 HANNON MILL RD	TALLAHASSEE FL 32305
<input type="checkbox"/> Delete	
D	TAYLOR, JENSEN L
629 PRESTON STREET	TALLAHASSEE FL 32304
<input type="checkbox"/> Delete	
P	FANCE, EDNA L
2640 TURKEY OAK LN	TALLAHASSEE FL 32305
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE 4-29-05	Daytime Phone #
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