

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete  
NAME TAYLOR, ANGELA L  
STREET ADDRESS 629 PRESTON ST  
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE D ☐ Delete  
NAME PETERMAN, LEAMON  
STREET ADDRESS 109 HANNON MILL RD  
CITY-ST-ZIP TALLAHASSEE, FL 32305

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

TITLE D ☐ Delete  
NAME TAYLOR, JENSEN L  
STREET ADDRESS 629 PRESTON STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

TITLE P ☐ Delete  
NAME FANCE, EDNA L  
STREET ADDRESS 2640 TURKEY OAK LN  
CITY-ST-ZIP TALLAHASSEE, FL 32305

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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4.30.07