

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31893**

1. Entity Name  
**POWER HOUSE HOLINESS CHURCH, INC.**



Principal Place of Business

**168 MURRAY TERRACE  
LAKE CITY, FL 32055**

Mailing Address

**168 MURRAY TERRACE  
LAKE CITY, FL 32055**



02122005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3017449**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, USTON  
168 MURRAY TERR.  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when not standing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
TAYLOR, USTON  
168 MURRAY TERR.  
LAKE CITY, FL 32055**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SANDERS, JOHN  
238 NE HI-HAT PLACE  
LAKE CITY, FL 32055**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SANDERS, RUBY  
238 NE HI-HAT PLACE  
LAKE CITY, FL 32955**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000310671  
04/18/05-80014-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Uston Taylor*  
**Uston Taylor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-05 (386) 755-0046**

Date

Daytime Phone #