


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006342 1. Entity Name NEW GENERATION HOLINESS CHURCH, INC.					
Principal Place of Business 1470 SW 9TH AVE DEERFIELD BEACH FL 33441			Mailing Address 904 W. 2ND STREET RIVIERA BEACH FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLS, MILTON E SR. 904 W 2ND STREET RIVIERA BEACH FL 33404				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u>Milton E. Mills Sr.</u> <u>Milton E. Mills Sr.</u> <u>3/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MILLS, MILTON E SR.		NAME	000000479245	
STREET ADDRESS	904 W 2ND STREET		STREET ADDRESS	04/08/06-80033-011 70.00	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	CLTIETT, ROSA L		NAME		
STREET ADDRESS	1470 SW 9TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WILKINS, R B		NAME		
STREET ADDRESS	1470 SW 9TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WILKINS, STEPHANIE L		NAME		
STREET ADDRESS	1470 SW 9TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Milton E. Mills Sr. 3/21/06 861-981-262