

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90147 010 ****70.00

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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 - No P.O. Box #

Bank of America Center

3. Mailing Address

Suite, Apt. #, etc.

2001 Broadway

City & State

Riviera Beach FL

City & State

Zip

33404

Country

West Palm

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

54-2064025

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

MILLS, MILTON E SR.
904 W 2ND STREET
RIVIERA BEACH FL 33404

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

**FILE NOW: 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

TITLE: PP
NAME: MILLS, MILTON E SR. ☐ Delete
STREET ADDRESS: 904 W 2ND STREET
CITY-ST-ZIP: RIVIERA BEACH FL 33404

TITLE: P
NAME: CLIETT, ROSA L ☐ Delete
STREET ADDRESS: 1470 SW 9TH AVE
CITY-ST-ZIP: DEERFIELD BEACH FL 33441

TITLE: TD ☒ Delete
NAME: WILKINS, R B
STREET ADDRESS: 1470 SW 9TH AVE
CITY-ST-ZIP: DEERFIELD BEACH FL 33441

TITLE: S ☒ Delete
NAME: WILKINS, STEPHANIE L
STREET ADDRESS: 1470 SW 9TH AVE
CITY-ST-ZIP: DEERFIELD BEACH FL 33441

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VP ☐ Change ☒ Addition
NAME: VICTOR G. REID
STREET ADDRESS: 2220 N. AUSTRALIAN AVE. #304,
CITY-ST-ZIP: WEST PALM BEACH FL 33407

TITLE: S/TD ☐ Change ☒ Addition
NAME: MARY E SHEPARD-REID
STREET ADDRESS: 2220 N. AUSTRALIAN AVE #304
CITY-ST-ZIP: WEST PALM BEACH, FL 33407

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

TITLE: ☐ Change ☐ Addition
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 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.

3/25/07

561-881-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #