

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006342

FILED
Apr 29, 2009
Secretary of State

Entity Name: NEW GENERATION HOLINESS CHURCH, INC.

Current Principal Place of Business:

BANK OF AMERICA CENTER
2001 BROADWAY
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

904 W. 2ND STREET
RIVIERA BEACH, FL 33404

New Mailing Address:

P.O. BOX 8468
WEST PALM BEACH, FL 33407

FEI Number: 54-2064025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: MILLS, MILTON E SR.
Address: 904 W 2ND STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: P () Delete
Name: CLIETT, ROSA L
Address: 1470 SW 9TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP () Delete
Name: TOWNS, ALFONSO
Address: 5926 BAHAMA CT
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD () Delete
Name: JENIGAN, YOLANDA
Address: 1760 WINSTON WAY D
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON E. MILLS

PP

04/29/2009

Electronic Signature of Signing Officer or Director

Date