

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006651**

1. Entity Name  
**NEW BIRTH WORSHIP CENTER, INC.**



Principal Place of Business  
**1734 STATE AVE.  
HOLLY HILL, FL 32117**

Mailing Address  
**P.O. BOX 10144  
DAYTONA BEACH, FL 32120**



07202006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3678812</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HICKLEY, LUTHER K  
413 SCHOOL STREET  
DAYTONA BEACH, FL 32114**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	SP
NAME	HICKLEY, LUTHER K
STREET ADDRESS	413 SCHOOL STREET
CITY - ST - ZIP	DAYTONA BEACH, FL 32114

TITLE	COP
NAME	HICKLEY, MONIQUE A
STREET ADDRESS	413 SCHOOL STREET
CITY - ST - ZIP	DAYTONA BEACH, FL 32114

TITLE	E
NAME	MORRIS, LATRONDA
STREET ADDRESS	708 KINGSTON AVE
CITY - ST - ZIP	DAYTONA BEACH, FL 32114

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000575402  
08/28/06-80005-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Luther K. Hickley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/06 386253-3358  
Date Daytime Phone #

Luther K. Hickley