

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N99000006651

1. Entity Name  
NEW BIRTH WORSHIP CENTER, INC.



**FILED  
May 02, 2007 8:00 am  
Secretary of State**

05-02-2007 90040 029 \*\*\*\*61.25



02152007 Chg-NP CR2E037 (12/06)

Principal Place of Business 1734 STATE AVE. HOLLY HILL, FL 32117		Mailing Address P.O. BOX 10144 DAYTONA BEACH, FL 32120	
2. Principal Place of Business - No P.O. Box # 724 South Segrave Street		3. Mailing Address P.O. Box 10144	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32114	Country USA	Zip 32120	Country USA
6. Name and Address of Current Registered Agent  HICKLEY, LUTHER K 413 SCHOOL STREET DAYTONA BEACH, FL 32114			
7. Name and Address of New Registered Agent  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 remitting) DATE

Filing Fee is \$61.25 Due by May 1, 2007		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 SP NAME HICKLEY, LUTHER K STREET ADDRESS 413 SCHOOL STREET CITY-ST-ZIP DAYTONA BEACH, FL 32114		Delete <input type="checkbox"/>		TITLE Senior Pastor NAME Hickley, Luther K. STREET ADDRESS 640 Devon Street CITY-ST-ZIP Port Orange, FL 32129	
TITLE COP NAME HICKLEY, MONIQUE A STREET ADDRESS 413 SCHOOL STREET CITY-ST-ZIP DAYTONA BEACH, FL 32114		Delete <input type="checkbox"/>		TITLE Co-Pastor NAME Hickley, Monique A. STREET ADDRESS 640 Devon Street CITY-ST-ZIP Port Orange, FL 32129	
TITLE E NAME MORRIS, LATRONDA STREET ADDRESS 708 KINGSTON AVE CITY-ST-ZIP DAYTONA BEACH, FL 32114		Delete <input type="checkbox"/>		TITLE Associate Pastor NAME Morris, Latronda STREET ADDRESS 413 School Street CITY-ST-ZIP Daytona Beach, FL 32114	
		Delete <input type="checkbox"/>			
		Delete <input type="checkbox"/>			
		Delete <input type="checkbox"/>			
		Delete <input type="checkbox"/>			

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07  
Date Daytime Phone #