


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N99000006651 1. Entity Name NEW BIRTH WORSHIP CENTER, INC.	
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Principal Place of Business 724 SOUTH SEGRAVE STREET DAYTONA BEACH, FL 32114	Mailing Address P.O. BOX 10144 DAYTONA BEACH, FL 32120
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DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3678812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 restate.) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000911153 05/07/08-80029-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKLEY, LUTHER K 840 DEVON STREET PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HICKLEY, MONIQUE A 840 DEVON STREET PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, LATRONDA 413 SCHOOL STREET DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Monique Hickley (Monique Hickley) 1/24/08 253-3358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #