


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90146 024 \*\*\*\*61.25

**DOCUMENT # N26357**  
 1. Entity Name  
**NEW TESTAMENT CHRISTIAN OUTREACH CENTER, INC.**



Principal Place of Business Mailing Address  
**4911 N. 42ND STREET TAMPA FL 33610 US** **C/O ROOSEVELT COOPER 4108 N. 22ND STREET TAMPA FL 33610**



2. Principal Place of Business Suite, Apt. #, etc.  
**8120 Rivermont Way Tampa, FL**

3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **26-5843431** Applied For Not Applicable

Zip **33637** Country **U.S.** Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**COOPER, ROOSEVELT 8120 RIVERMONT WAY TAMPA FL 33637**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, ROOSEVELT 8120 RIVERMONT WAY TAMPA FL 33637 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COOPER, BEVERLY 8120 RIVERMONT WAY TAMPA FL 33637 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DAVID H 6418 N 36TH STREET TAMPA FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rhonda Cooper, Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1301 NW 81st Terrace Miami, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pastor Kenneth Kempster* 4/24/06 (813) 899-9500