2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 25, 2007 08:00 A Secretary of State DOCUMENT # N26357 1. Entity Name NEW TESTAMENT CHRISTIAN OUTREACH CENTER, INC. Principal Place of Business Mailing Address C/O ROOSEVELT COOPER 8120 RIVER MONT WAY TAMPA FL 33637 4108 N. 22ND STREET **TAMPA FL 33610** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & Stato City & State 4. FEI Number 26-5843431 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, ROOSEVELT Street Address (P.O. Box Number is Not Acceptable) 8120 RIVERMONT WAY **TAMPA FL 33637** Zip Code City 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Deleie THE MILE NAME NAME COOPER, ROOSEVELT U00000730394 STREET ADDRESS STREET ADDRESS 8120 RIVERMONT WAY 05/08/07-80080-008 61.25 CITY-SI-ZIP CITY-ST-ZIP **TAMPA FL 33637** ☐ Change Addition Delete HITLE 11111 DS NAME NAME COOPER, BEVERLY STREET ADDRESS STREET ADDRESS 8120 RIVERMONT WAY CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33637 Change ■ Addition Delete FITLE NAML NAME COOPER, RHAUDAL S STREET ADDRESS STREET ADDRESS 1301 NW 21ST TERRACE COY-ST-7IP CITY-ST-7IP MIAMI FL 33147 ☐ Change Addition Delete IIItE ши NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7(P CHY-SI-ZIP ☐ Change Addition THE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7/P ☐ Change Addition FITLE Deleie TITLE NAME NAMI

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 trusted employered to execute this report as required by Chapter 617. Florida Statutos; and that my name appears in Block 10 or Block 11 if changed or an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Parce 10H CODON

4/23/57 (8/3)238-7/094