


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90112 017 \*\*\*\*61.25

<b>DOCUMENT # N26357</b>			
1. Entity Name <b>NEW TESTAMENT CHRISTIAN OUTREACH CENTER, INC.</b>			
Principal Place of Business <b>8120 RIVER MONT WAY TAMPA FL 33637 US</b>		Mailing Address <b>C/O ROOSEVELT COOPER 4108 N. 22ND STREET TAMPA FL 33610</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>8120 River Mont Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Tampa, FL</i>	
Zip	Country	Zip <i>33637</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent <b>COOPER, ROOSEVELT 8120 RIVERMONT WAY TAMPA FL 33637</b>		4. FEI Number - <b>26-5843431</b> Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Name		City <b>FL</b> Zip Code	
Street Address (P.O. Box Number is Not Acceptable)			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			

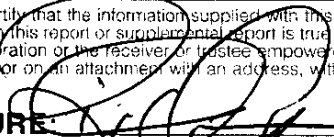


1st MOORE CR2E037 (10/07)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, RHAUDAL S 1301 NW 21ST TERRACE MIAMI FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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  *Roosevelt Cooper 4/9/08 (813)238-7694*