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

## May 02, 2006 8:00 am Secretary of State DOCUMENT # N26357 1. Entity Name 05-02-2006 90146 024 \*\*\*\*61.25 NEW TESTAMENT CHRISTIAN OUTREACH CENTER, INC. Principal Place of Business Mailing Address 4911 N. 42ND STREET TAMPA FL 33610 C/O ROOSEVELT COOPER 4108 N. 22ND STREET TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address 8120 River Mont Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) amoo City & State City & State Applied For 4. FEI Number 26-5843431 Not Applicable 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 X Name COOPER, ROOSEVELT Street Address (P.O. Box Number is Not Acceptable) 8120 RIVERMONT WAY **TAMPA FL 33637** 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 reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE □ Detete TITLE Change ■ Addition COOPER, ROOSEVELT NAME NAME STREET ADDRESS 8120 RIVERMONT WAY STREET ADDRESS **TAMPA FL 33637** CITY-ST-ZIP CITY-ST-ZIP D\$ ☐ Delete TITLE TITLE ☐ Change ☐ Addition COOPER, BEVERLY NAME NAME 8120 RIVERMONT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33637** CITY-ST-ZIP Delete TITLE ☐ Addition JOHNSON, DAVID H STREET ADDRESS **6418 N 36TH STREET** STREET ADDRESS **TAMPA FL 33610** CITY-ST-Z/P CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 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:

SIGNATURE:

(213) 899-9500