

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90007 020 \*\*\*\*70.00

**DOCUMENT # N31216**

1. Entity Name

**NEW START-OUTREACH CHRISTIAN CENTER, INC.**



Principal Place of Business

**4850 N.W. 197TH STREET  
C/O JAMES A. NEWTON  
MIAMI FL 33055-1747**

Mailing Address

**4850 N.W. 197TH STREET  
C/O JAMES A. NEWTON  
MIAMI FL 33055-1747**

**54019231**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0110111**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, JAMES A.  
4850 N.W. 197TH STREET  
CAROL CITY FL 33055**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD  
NAME NEWTON, JAMES A.  
STREET ADDRESS 4850 N.W. 197TH STREET  
CITY - ST - ZIP MIAMI FL ☐ Delete

TITLE SD  
NAME NEWTON, YVONNE  
STREET ADDRESS 4850 N.W. 197TH STREET  
CITY - ST - ZIP MIAMI FL ☐ Delete

TITLE D  
NAME MITCHELL, DANIEL  
STREET ADDRESS 3071 NW 186 TERR  
CITY - ST - ZIP MIAMI FL ☐ Delete

TITLE D  
NAME FRANCIS, JOANN  
STREET ADDRESS 16001 NW 21ST AVE  
CITY - ST - ZIP OPALOCKA FL 33054 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James A. Newton*  
**3/15/04**