

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

FILED
Mar 03, 2006 08:00 AM
Secretary of State

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

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 is required when renewing)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
000000454610
03/15/06 80022-014 70.00

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

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
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TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

James A. Newton

312 1010 (305) 624-260