

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31216

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** NEW START-OUTREACH CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

4850 N.W. 197TH STREET  
C/O JAMES A. NEWTON  
MIAMI, FL 330551747

**New Principal Place of Business:**

**Current Mailing Address:**

4850 N.W. 197TH STREET  
C/O JAMES A. NEWTON  
MIAMI, FL 330551747

**New Mailing Address:**

**FEI Number:** 65-0110111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEWTON, JAMES A.,  
Address: 4850 N.W. 197TH STREET  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: NEWTON, YVONNE,  
Address: 4850 N.W. 197TH STREET  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: MITCHELL, DANIEL  
Address: 3071 NW 186 TERR  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: FRANCIS, JOANN  
Address: 16001 NW 21ST AVE  
City-St-Zip: OPALOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NEWTON

MR

02/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date