

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31216

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 33055-1747**Current Mailing Address:**4850 N.W. 197TH STREET
C/O JAMES A. NEWTON
MIAMI, FL 33055-1747**FEI Number:** 65-0110111**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEWTON, JAMES A.
4850 N.W. 197TH STREET
CAROL CITY, FL 33055 US*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**Officer/Director Detail :**

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

Title	SD
Name	NEWTON, YVONNE
Address	4850 N.W. 197TH STREET
City-State-Zip:	MIAMI FL 33055

Title	D
Name	MITCHELL, DANIEL
Address	3071 NW 186 TERR
City-State-Zip:	MIAMI FL

Title	D
Name	FRANCIS, JOANN
Address	16001 NW 21ST AVE
City-State-Zip:	OPALOCKA FL 33054

Title	ASST. TREASURER
Name	TATE, BERYL
Address	4850 NW 197 ST
City-State-Zip:	CAROL CITY FL 33055

I hereby 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 all other like empowered.

SIGNATURE: JAMES A NEWTON

PD

06/14/2020

Electronic Signature of Signing Officer/Director Detail_____
Date