

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 JUL 29 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004060 (9)

T. Corporation Name  
NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC.

Principal Place of Business Mailing Address  
10150 NE 2 AVE MIAMI FL 10150 NE 2 AVE MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1994 3a. Date of Last Report

4. FEI Number 65-052280 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$62.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 10150 NE 2 AVE 26 1203 NE 145 ST  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
23 Miami Florida 28 Miami Florida

24 Zip 25 State 29 33161 30 State  
24 33128 25 Florida 29 33161 30 Florida

9. Name and Address of Current Registered Agent  
METAYER, GUILBERT  
1203 NE 145 ST  
MIAMI FL 33161

10. Name and Address of New Registered Agent  
81 INA Metayers Guilbert  
82 Street Address (P.O. Box Number is Not Applicable)  
83 1203 NE 145 ST  
84 City Tel. 949 9139  
85 Zip Code FL 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the objectives of Section 607.0502, Florida Statutes.

SIGNATURE Metayer Guilbert 1203 NE 145 ST 7-24-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	METAYER, GUILBERT
STREET ADDRESS	1203 NE 145 ST
CITY - ST - ZIP	MIAMI FL 33161
TITLE	VD
NAME	METAYER, MARIE
STREET ADDRESS	1203 NE 145 ST
CITY - ST - ZIP	MIAMI FL 33161
TITLE	SD
NAME	JEAN, MILFORT
STREET ADDRESS	165 NW 92 ST
CITY - ST - ZIP	MIAMI FL 33150
TITLE	TD
NAME	ST. FORT, EGUILAIRE
STREET ADDRESS	111 NE 69 ST
CITY - ST - ZIP	MIAMI FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JEANNE MILFORT
43 STREET ADDRESS	1203 NE 145 ST
44 CITY - ST - ZIP	MIAMI FL 33161
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY BANK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Metayer Guilbert 11-5-1995 9/19/95