## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N94000004060 (9)

NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC.					
Principal Place	e of Business	Mailing Address		1 indericet, alle idlite attert basis antite an	ili dasin adini aibii abisa dini dali idal
10150 N.E. 2 AVE. 1203 N.E. 145 ST MIAMI FL 33158 MIAMI FL 33161-2538					
				3. Date Incorporated or Qualified 08/12/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address 21 26			4. FEI Number 65-0522280	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032,
24	25		30		Yes No
	9, Name and Address of Curr	ent Registered Agent	-   -	10. Name and Address of New Reg	istered Agent
1			81 Name		
METAYER, GUILBERT 82 Stree				ress (P.O. Box Number is Not Acceptable	6)
1203 NE 145 ST			]		······································
MIAMI FL 33161			63		İ
			84 City	1,7	pma 85 Zip Code
	40. 3- 047.01	500			FL 66 Zip coo
office or r	to the provisions of Sections 617.08 eaistared agent, or both, in the Sta	te of Florida. Such change was a	es, the above-hamed corpora	poration submits this statement for the pution's board of directors. I hereby accept	Irpose of changing its registered
agent I a	m familiar with, and accept the obli	gations of, Section 617.0503, Fig	orida Statutes.		
SIGNATURE _					
12.	Signature, typed or printed name of registered a  OFFICERS A	ND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	PATE FRS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7,551101050771101010101010101	Change Addition
NAME	METAYER, GUILBERT		1,2 NAME		
STREET ADDRESS	1203 NE 145 ST		1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL 33161		1.4 CITY-ST-ZIP		,
EITLE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	METAYER, MARIE	<del></del>	2.2 NAME		
STREET ADDRESS	1203 NE 145 ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33161		2. 4 CITY-SI-ZIP		
TITLE	SD SD	DELETE	3.1 TITLE	****	Change Addition
NAME	JEAN, MILFORT	<del></del>	3.2 NAME	•	
STREET ADDRESS	165 NW 92 ST		3.3 STREET ADDRESS		
CITY-SI-ZIP	MIAMI FL 33150		3 4. CITY-ST-ZIP		
TITLE	7D	☐ DELETE	4.1 TITLE		Change Addition
NAME	NORALUS, JEANNE		4. 2 NAME	0/1/	α'\
STREET ADDRESS	1201 N.E. 145 ST.		4.3 STREET ADDRESS	10m	1-01
CITY - ST - ZIP	MIAMI FL 33161		4.4 CITY-ST-ZIP		<i>/</i> 0
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	-	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 City-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		₹ 1 1 € 0010
STREET ADDRESS	ı.		6.3 STREET ADDRESS	20000217 -05/13/970108	0012

SIGNATURE:

14. I do hereby certify that the information supplied with this fing information indicated on this annual report or supplemental an I am an officer or director of the corporation of the receiver or appears in Block 12 or Block 13 if changed or be an inchanged.

CITY - ST - ZIP

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name