

NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9400004060

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90026 026 ****61.25

							•		
Principal Place of Business Mailing Address								•	
10150 N.E. 2 AVE. 1203 N.E. 145 ST MIAMI FL 33158 MIAMI FL 33161									
2 6	less of Divisions	2a. Mailing Address			Date Incorporated or Qualifed	· ·			
—	lace of Business	26			08/12/1994			•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For	
22				65-0522280		Not Applicable			
City & State		City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
Zip	Country Zip		Country		6. Election Campaign Financing		\$5.00 May Be		
24	25	25 29 30			Trust Fund Contribution	nd Contribution		Added to Fees	
	9. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New I	Registered	Agent		
				81 Name					
METAYER, GUILBERT 1203 NE 145 ST				82 Street Add	ddress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33161				83					
				84 City			85 Zip C	ode	
				-	poration submits this statement for the	<u> </u>	لـــ		
agent, 1 a	m familiar with, and accept the obliga	tions of Section 617.0503, Florid it any time if applicable. (NOTE: R	a Statt	Agent signature requir	ion's board of directors. I hereby accessor acce		99		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
TITLE	PD ALTERNATION OF THE PERSON	☐ DELETE	1.1 111		. *		Citatige	- Addison	
NAME	METAYER, GUILBERT		1.2 NA		,		, ,	1	
STREET ADDRESS	1203 NE 145 ST			REET ADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 33161 VD	☐ DELETE	2.1 TII	Y-ST-ZIP	-		Change	Addition	
TITLE	METAYER, MARIE		2.2 NA					_	
NAME STREET ADDRESS	1203 NE 145 ST			REET ADDRESS	•		•		
CITY-ST-ZIP	MIAMI FL 33161		1	TY-ST-ZIP					
TITLE	SD	[] DELETE	3.1 TIT				Change	Addition	
NAME	JEAN, MILFORT		3.2 NA	ME				· .]	
STREET ADDRESS	165 NW 92 ST		3.3 ST	REET ADORESS			•		
CITY-ST-ZIP	MIAMI FL 33150		3.4. C	TY-ST-ZIP					
TITLE	TD	☐ DELETE	4.1 131	LE			Change	Addition	
NAME	NORALUS, JEANNE	•	4. 2 N	AME					
STREET ADDRESS	1201 N.E. 145 ST.		4.3 ST	REET ADDRESS	•				
CITY-ST-ZIP	MIAMI FL 33161			ry-ST-ZIP			- Character	Addition	
TITLE		☐ DELETE	5.1 TII	1			Change	☐ Addition	
NAME			5.2 NA			4.			
STREET ADDRESS				REET ADDRESS TY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TF				Change	Addition	
TITLE		C) DECERT	6.2 NA						
NAME	}		,	REET ADORESS					
STREET ADDRESS				TY-ST-ZIP	·)	
CITY-ST-ZIP	İ		# V.7 UI						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-1999

Daytime Phone #