2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000004060** May 04, 2000 8:00 am 1. Entity Name Secretary of State NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC. 05-04-2000 90144 012 ****61.25 Principal Place of Business Mailing Address 1203 N.E. 145 ST 10150 N.E. 2 AVE. MIAMI FL 33161-2538 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0522280 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) METAYER, GUILBERT 1203 NE 145 ST MIAMI FL 33161 Zip Code City FI 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME METAYER, GUILBERT STREET ADDRESS STREET ADDRESS 1203 NE 145 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 Addition □ Change ☐ Delete TITLE TITLE VD NAME METAYER, MARIE NAME STREET ADDRESS STREET ADDRESS 1203 NE 145 ST CITY-ST-ZIP CITY-ST-ZIF <u>MIAMI FL 33161</u> ☐ Change ☐ Delete ☐ Addition TITLE SD TITI F NAME NAME Jean, Milfort STREET ADDRESS STREET ADDRESS 165 NW 92 ST CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33150** ☐ Change Addition | TITLE ☐ Delete TITLE NAME NORALUS, JEANNE NAME STREET ADDRESS STREET ADDRESS 1201 N.E. 145 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.