


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004060

1. Entity Name
NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC.



Principal Place of Business Mailing Address

**10150 N.E. 2 AVE.
 MIAMI, FL 33158** **1203 N.E. 145 ST
 MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE



05202006 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
65-0522280 Not Applicable

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

6. Name and Address of Current Registered Agent

**METAYER, CELIKINS
 314 NW 109 ST
 MIAMI, FL 33150**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renaming) _____ DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METAYER, GUILBERT 1203 NE 145 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD METAYER, MARIE 1203 NE 145 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD METAYER, CELIKINS 314 NW 109 ST MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORALUS, JEANNE 1201 N.E. 145 ST. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FRANCOIS, RIGAUD 460 NE 129 ST N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/26/06-80005-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Metayer, Guilbert 6-22-06 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #