


# 2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 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.      1203 N.E. 145 ST  
MIAMI FL 33158      MIAMI FL 33161



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	METAYER, GUILBERT	
STREET ADDRESS	1203 NE 145 ST	
CITY-STATE-ZIP	MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	METAYER, MARIE	
STREET ADDRESS	1203 NE 145 ST	
CITY-STATE-ZIP	MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	METAYER, CELIKINS	
STREET ADDRESS	314 NW 109 ST	
CITY-STATE-ZIP	MIAMI FL 33150	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NORALUS, JEANNE	
STREET ADDRESS	1201 N.E. 145 ST.	
CITY-STATE-ZIP	MIAMI FL 33161	
TITLE	M	<input type="checkbox"/> Delete
NAME	FRANCOIS, RIGAUD	
STREET ADDRESS	460 NE 129 ST	
CITY-STATE-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000738960	
CITY-STATE-ZIP	05/14/07-80005-024 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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*

*4-22-07 305-3315020*