


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.	
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Principal Place of Business 10150 N.E. 2 AVE. MIAMI FL 33158	Mailing Address 1203 N.E. 145 ST MIAMI FL 33161
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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

4. FEI Number 65-0522280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

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

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