

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004060**

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



Principal Place of Business <b>10150 N.E. 2 AVE.          MIAMI, FL 33158</b>	Mailing Address <b>1203 N.E. 145 ST          MIAMI, FL 33161</b>
--	---

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0522280</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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: *Metayer, Guilbert* 4-28-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	

**DO NOT WRITE IN THIS SPACE**

100000940876  
 05/30/08-80056-021 61.25

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* 4-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #