


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 Mailing Address

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

DO NOT WRITE IN THIS SPACE



04292008 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: *Metayer, Guilbert* DATE: **4-28-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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100000940876
 05/30/08-80066-021 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* DATE: **4-28-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #