

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2009  
Secretary of State**

DOCUMENT# N94000004060

Entity Name: NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC.

**Current Principal Place of Business:**

10150 N.E. 2 AVE.  
MIAMI, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

1203 N.E. 145 ST  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 65-0522280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: METAYER, GUILBERT  
Address: 1203 NE 145 ST  
City-St-Zip: MIAMI, FL 33161

Title: VD ( ) Delete  
Name: METAYER, MARIE  
Address: 1203 NE 145 ST  
City-St-Zip: MIAMI, FL 33161

Title: SD ( ) Delete  
Name: METAYER, CELIKINS  
Address: 314 NW 109 ST  
City-St-Zip: MIAMI, FL 33150

Title: TD ( ) Delete  
Name: NORALUS, JEANNE  
Address: 1201 N.E. 145 ST.  
City-St-Zip: MIAMI, FL 33161

Title: M ( ) Delete  
Name: FRANCOIS, RIGAUD  
Address: 460 NE 129 ST  
City-St-Zip: N MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: METAYER GUILBERT

PD

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date