

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:

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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