


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002937

1. Entity Name
HOPE BIBLE CHAPEL INC.



Principal Place of Business
**6501 NW SUNRISE BLVD
 C/O JEWISH COMMUNITY CENTER
 SUNRISE, FL 33313 US**

Mailing Address
**PO BOX 100797
 FORT LAUDERDALE, FL 33310-0797 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
65-0849730

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, NOEL NEVILLE
 1444 NW 15TH AVENUE
 FORT LAUDERDALE, FL 33311**

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 _____ DATE _____

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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, NOEL NEVILLE	
STREET ADDRESS	1444 NW 15TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, RUBY	
STREET ADDRESS	1444 NW 15TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIVEY, MYRUE	
STREET ADDRESS	1444 NW 15TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 04/27/05-80119-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Noel Morris **NOEL N. MORRIS** 4-22-2005 954-734-6346

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