


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 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 |
|--|---|



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0849730 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent MORRIS, NOEL NEVILLE 1444 NW 15TH AVENUE FORT LAUDERDALE, FL 33311 |
|---|

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000531380 05/06/06-80037-024 61.25 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, NOEL NEVILLE 1444 NW 15TH AVENUE FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, RUBY 1444 NW 15TH AVENUE FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPIVEY, MYRUE 1444 NW 15TH AVENUE FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Noel N. Morris NOEL N. MORRIS 4-12-06 954-739-6346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #