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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771026** (2)

1. Corporation Name

HANDICAPPED MEET CHRIST, INC.



Principal Place of Business %HARRIET MOLINSKI 669 N.W. 15TH AVE. BOCA RATON FL 33486 US	Mailing Address %HARRIET MOLENSKI 669 N.W. 15TH AVE. BOCA RATON FL 33486-3237 US
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2. Principal Place of Business 21 1399 S.W. 3RD Street Suite, Apt. #, etc. 22 City & State 23 Boca Raton, FL Zip 24 33486	2a. Mailing Address 26 1399 S.W. 3RD Street Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip 29 33486 Country 30 US
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3. Date Incorporated or Qualified 11/01/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2584212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOLINSKI, HARRIET 669 N.W. 15TH AVE. BOCA RATON FL 33486
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10. Name and Address of New Registered Agent 81 Name GARY RADEBAUGH 82 Street Address (P.O. Box Number is Not Acceptable) 1399 SW 3RD Street 83 84 City Boca Raton FL 85 Zip Code 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gary Radebaugh* (NOTE: Registered Agent's signature required when reinstating) DATE *7/15/97*

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOLINSKI, BERNARD
STREET ADDRESS	669 N.W. 15TH AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KENNEY, EILEEN M.
STREET ADDRESS	3866 N.W. 4TH COURT
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOLINSKI, HARRIET
STREET ADDRESS	669 N.W. 15TH AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DONNELLY, KEVIN M.
STREET ADDRESS	428 E. CAMINO REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RADEBAUGH, GARY
STREET ADDRESS	1399 S.W. 3RD STREET
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR
1.3 STREET ADDRESS	Allison, Jo-Anne
1.4 CITY-ST-ZIP	3431 Coelebs Ave. BOYNTON BEACH, FL 33436
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	RENAUD, MARY
2.4 CITY-ST-ZIP	1017 BUCIDA RD. DELRAY BEACH, FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	JORDAN, PEGGY
3.4 CITY-ST-ZIP	5901 CAMINO DEL SOL # 101 BOCA RATON, FL 33433
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)