

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771026

1. Entity Name

HANDICAPPED MEET CHRIST, INC.

FILED  
Aug 17, 2001 8:00 am  
Secretary of State

08-17-2001 90004 046 \*\*\*\*61.25

0010778

Principal Place of Business

1017 BUCIDA RD  
DELRAY BEACH FL 33483  
US

Mailing Address

1017 BUCIDA RD  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2584212

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RENAUD MARY  
1017 BUCIDA RD  
DELRAY BEACH FL 33483

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ALLISON, JO-ANNE  
STREET ADDRESS 5381 WINCHESTER WOODS DR  
CITY-ST-ZIP LAKE WORTH FL 33483

TITLE D ☐ Delete  
NAME RENAUD, MARY  
STREET ADDRESS 1017 BUCIDA RD  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Delete  
NAME RILEY, WILLIAM  
STREET ADDRESS 1385 NW 7TH ST  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ Delete  
NAME WECKBAUG, PATRICIA  
STREET ADDRESS 8 LAKE EDEN DR  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

8/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)