

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771026

FILED
Jan 16, 2005
Secretary of State

Entity Name: HANDICAPPED MEET CHRIST, INC.

Current Principal Place of Business:

1017 BUCIDA RD
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

1017 BUCIDA RD
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-2584212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENAUD MARY
1017 BUCIDA RD
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

RENAUD MARY
1017 BUCIDA RD
DELRAY BEACH, FL 33483 US

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:

01/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLISON, JO-ANNE
Address: 5381 WINCHESTER WOODS DR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: RENAUD, MARY
Address: 1017 BUCIDA RD
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: DONNELLY, RORY
Address: 651 NW 14TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: VENEZIA, SANDY
Address: 6681 LURAIIS DR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RENAUD, MARY
Address: 1017 BUCIDA RD
City-St-Zip: DELRAY BEACH, FL 33483

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 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 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: MARY RENAUD

D

01/16/2005

Electronic Signature of Signing Officer or Director

Date