


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 771026 1. Entity Name HANDICAPPED MEET CHRIST, INC.	
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Principal Place of Business 1017 BUCIDA RD DELRAY BEACH, FL 33483 US	Mailing Address 1017 BUCIDA RD DELRAY BEACH, FL 33483 US
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03282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2584212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RENAUD MARY 1017 BUCIDA RD DELRAY BEACH, FL 33483
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, JO-ANNE 5381 WINCHESTER WOODS DR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENAUD, MARY 1017 BUCIDA RD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, RORY 651 NW 14TH AVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENEZIA, SANDY 6681 LURAI DR LAKE WORTH, FL 33463
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 561-441-0634
Date Daytime Phone #