

1.) CORPORATION NAME:

METRO HANDICAPPED ENCOUNTER CHRIST, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANNE REAP
5100 FILLMORE AVE. #604
ALEXANDRIA, VA**

SCC ID NO: **02581601**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5100 FILLMORE AVE #604

CITY/ST/ZIP: ALEXANDRIA, VA 22311

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JACK WEBER JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	415 AIGBURTH ROAD		
CITY/ST/ZIP/CO:	TOWSON, MD 21286		
NAME:	CHRISTINE MANLOVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	415 AIGBURTH ROAD		
CITY/ST/ZIP/CO:	TOWSON, MD 21286		
NAME:	KATHLEEN PAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7611 CYPRESS AVE.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		
NAME:	RICHARD ZIERDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4707 COACHWAY DR.		
CITY/ST/ZIP/CO:	NORTH BETHESDA, MD 20852		
NAME:	Susan Corrigan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	One Andalusia Avenue		
CITY/ST/ZIP/CO:	#416 c, FL 33134		
NAME:	Jacque Moncrief	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8190 Amethyst Dr.		
CITY/ST/ZIP/CO:	McLean, VA 22101		

NAME: Janice Barrett TITLE: DIRECTOR ADDRESS: #418 10921 Inwood Ave CITY/ST/ZIP/CO: Silver Spring MD, MD 20902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Anne Reap TITLE: DIRECTOR ADDRESS: 5100 Fillmore Ave. Apt 604 CITY/ST/ZIP/CO: Alexandria, VA 22311	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kathy Parker TITLE: DIRECTOR ADDRESS: 1579 Mt. Eagle Pl. CITY/ST/ZIP/CO: Alexandria , VA 22302	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Paulette Spriggs TITLE: DIRECTOR ADDRESS: 8911 Reistertown Rd #113 CITY/ST/ZIP/CO: Pikesville, MD 21208	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JACK WEBER JR	JACK WEBER JR, PRESIDENT	5/13/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		