# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N00000006984

1. Entity Name
MENDING HEARTS CHARITIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1205 W MICHIGAN STREET<br>ORLANDO, FL 32805 | P.O. BOX 560609<br>ORLANDO, FL 32856 |

04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3681485
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRONSKI, TERESA
1205 W MICHIGAN STREET
ORLANDO, FL 32805

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MCKINNESS, ANN |
| STREET ADDRESS | 1205 W MICHIGAN STREET |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | GRONSKI, TERESA L |
| STREET ADDRESS | 1205 W MICHIGAN STREET |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | BENEDETTO, KRISTEN |
| STREET ADDRESS | 1205 W MICHIGAN STREET |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | GRONSKI, JAMES E |
| STREET ADDRESS | 1205 W. MICHIGAN ST. |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | JACKSON, MAURIO |
| STREET ADDRESS | 1205 W. MICHIGAN ST. |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | PURSLEY, TIMOTHY |
| STREET ADDRESS | 1205 W. MICHIGAN ST. |
| CITY-ST-ZIP | ORLANDO, FL 32805 |

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04/29/05-80096-024 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Teresa Gronski Pres. 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #