2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000005066

Entity Name: THE BOBBY RESCINITI HEALING HEARTS FOUNDATION, INC.

Current Principal Place of Business:

5075 PALM WAY
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

351 N CONGRESS AVE.
281
BOYNTON, FL 33426

New Mailing Address:

FEI Number: 26-0146851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESCINITI, BOB
5075 PALM WAY
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RESCINITI, BOB
Address: 5075 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: DS ( ) Delete
Name: TODD, CHARLES
Address: 8672 NW 7TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: RESCINITI, MICHELLE
Address: 5075 PALM WAY
City-St-Zip: LALE WORTH, FL 33463

Title: D ( ) Delete
Name: RESCINITI, NICHOLAS
Address: 5075 PALM WAY
City-St-Zip: LALE WORTH, FL 33463

Title: D ( ) Delete
Name: RESCINITI, DIANE
Address: 5075 PALM WAY
City-St-Zip: LALE WORTH, FL 33463

Title: D ( ) Delete
Name: FAUERBACH, WILLIAM
Address: 330 SE 16TH AVE
City-St-Zip: POMPONA BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated 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 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: BOB RESCINITI P 03/20/2009

Electronic Signature of Signing Officer or Director — Date