

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005066

FILED
Feb 16, 2011
Secretary of State

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:

5075 PALM WAY
LAKE WORTH, FL 33463 11

Current Mailing Address:

351 N CONGRESS AVE.
281
BOYNTON, FL 33426

New Mailing Address:

351 N CONGRESS AVE.
281
BOYNTON, FL 33426 11

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
Name: RESCINITI, BOB A
Address: 5075 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463 11

Title: TRES
Name: FIORILLI, SCOTT
Address: 7880 MANOR FOREST LN
City-St-Zip: BOYNTON BEACH, FL 33426 11

Title: DS
Name: RESCINITI, MICHELLE P
Address: 5075 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463 11

Title: D
Name: RESCINITI, NICHOLAS V
Address: 5075 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463 11

Title: D
Name: RESCINITI, DIANE P
Address: 5075 PALM WAY
City-St-Zip: LAKE WORTH, FL 33463 11

Title: D
Name: REYNOLDS, RICHARD A
Address: 11401 NW 14 CT
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby 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 all other like empowered.

SIGNATURE: BOB RESCINITI

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date