

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010897

Entity Name: MENDING THE SCARRED, INC.**Current Principal Place of Business:**2675 DOVER GLEN CIR
ORLANDO, FL 32828**Current Mailing Address:**P.O. 780333
ORLANDO, FL 32828 US**FEI Number:** 85-3460262**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALONSO, CARMEN L
P.O. 78033
ORLANDO, FL 32828 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	ALONSO, CARMEN L
Address	2675 DOVER GLEN CIR
City-State-Zip:	ORLANDO FL 32828

Title	VP
Name	ALONSO, HERIBERTO JR
Address	2675 DOVER GLEN CIR
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	HERNANDEZ, MYRNA
Address	10988 ARBOR VIEW BLVD
City-State-Zip:	ORLANDO FL 32825

Title	D
Name	GONZALEX, NANCY
Address	2950 SAN JUAN CR.
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	VELEZ, JAVIER
Address	1238 TOLUKE POINT
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	NORIEGA, DOREEN
Address	925 POINTE LANE
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	MARTINEZ, IDALIA
Address	P.O. BOX 208
City-State-Zip:	GOLDENROD FL 32733

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: CARMEN L ALONSO

PRESIDENT

01/17/2023

Electronic Signature of Signing Officer/Director Detail_____
Date