

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000092072

**Entity Name:** TIFFANY BROWN, MENTORING COACH INCORPORATED

**Current Principal Place of Business:**

10380 SW VILLAGE CENTER DRIVE  
SUITE #249  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

10380 SW VILLAGE CENTER DRIVE  
SUITE #249  
PORT ST LUCIE, FL 34987

**FEI Number:** 92-1363249

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, TIFFANY  
10380 SW VILLAGE CENTER DRIVE  
SUIT #249  
PORT ST LUCIE, FL 34987 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 P  
Name BROWN, TIFFANY  
Address 10380 SW VILLAGE CENTER DRIVE  
#249  
City-State-Zip: PORT ST LUCIE FL 34987

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIFFANY BROWN

**PRESIDENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date