

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN -5 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # F96000003951 (8)  
1. Corporation Name  
MENTORING TODAY, INCORPORATED

Principal Place of Business Mailing Address  
PO BOX 953067 PO BOX 953067  
LAKE MARY FL 32785-3067 LAKE MARY FL 32785-3067

3. Date Incorporated or Qualified  
08/02/1996  
4. FEI Number  
95-3565604  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 USA 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIEHL, CHERYL  
2403 RIVER TREE CIR  
SANFORD FL 32771

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BIEHL, BOBB	
STREET ADDRESS	2403 RIVER TREE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	BIEHL, CHERYL	
STREET ADDRESS	2403 RIVER TREE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHIDDEN, PATRICIA	
STREET ADDRESS	1031 E. GAUCHO CIRCLE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIEHL, BOBB	
1.3 STREET ADDRESS	2403 RIVER TREE CIRCLE	DIRECTOR
1.4 CITY-ST-ZIP	SANFORD, FL 32771	
2.1 TITLE	VCFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIEHL, CHERYL	
2.3 STREET ADDRESS	2403 RIVER TREE CIR	TRUSTEE
2.4 CITY-ST-ZIP	SANFORD, FL 32771	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	000002555190--4	
3.4 CITY-ST-ZIP	-05/10/98--01082--012	
4.1 TITLE	MICHAEL RUSSELL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2104 BAYSHORE BLVD #706	TRUSTEE
4.4 CITY-ST-ZIP	TAMPA, FL 33606	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Cheryl Biehl* *Michael Russell* *Whidden Patricia* *Bobbi Biehl*

CFR2E037 (10/97)