

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008561

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: THE MENTORING CENTER, INCORPORATED

## Current Principal Place of Business:

1919 BEAUTIFUL AVE.  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

515 NORTH FLAGLER DRIVE  
SUITE 300 PAVILLION  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

1919 BEAUTIFUL AVE.  
WEST PALM BEACH, FL 33407

## New Mailing Address:

515 NORTH FLAGLER DRIVE  
SUITE 300 PAVILLION  
WEST PALM BEACH, FL 33401

FEI Number: 01-0745579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, DONALD F  
1919 BEAUTIFUL AVE.  
WEST PALM BEACH, FL 33407 US

## Name and Address of New Registered Agent:

WILSON, DONALD F  
515 NORTH FLAGLER DRIVE  
SUITE 300 PAVILLION  
WEST PALM BEACH, FL 33401 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:

07/09/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: INGRAM, RAYMOND  
Address: 5030 SUGARLOAF PKWY  
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: T ( ) Delete  
Name: PERRY, MARGO  
Address: MARRIOTT INT, MARRIOTT DRIVE  
City-St-Zip: WASHINGTON, DC 20058

Title: T ( ) Delete  
Name: PARKER, JOHN PH.D  
Address: 2240 BELMONT DR  
City-St-Zip: LEXINGTON, KY 40516

Title: T ( ) Delete  
Name: WILSON, LISA  
Address: 1919 BEAUTIFUL AVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete  
Name: WILSON, DONALD F  
Address: 1919 BEAUTIFUL AVE  
City-St-Zip: WEST PALM BEACH, FL 33407

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD F. WILSON

EX D

07/09/2004

Electronic Signature of Signing Officer or Director

Date