

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008561

FILED
Oct 07, 2008
Secretary of State

Entity Name: THE MENTORING CENTER, INCORPORATED

Current Principal Place of Business:

4470 PORTOFINO WAY
201
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4470 PORTOFINO WAY
201
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 01-0745579 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILSON, DONALD F
515 NORTH FLAGLER DRIVE44
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: DONALD F. WILSON

10/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: INGRAM, RAYMOND
Address: 4470 PORTOFINO WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MRS () Delete
Name: PERRY, MARGO
Address: 4470 PORTOFINO WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DR () Delete
Name: PARKER, JOHNE PH.D
Address: 4470 PORTOFINO WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MRS () Delete
Name: WILSON, LISA
Address: 4470 PORTOFINO WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MR () Delete
Name: WILSON, DONALD F
Address: 4470 PORTOFINO WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MRS () Delete
Name: ANDREWS, MARSHA
Address: 4470 PORTOFINO WAY
City-St-Zip: WEST PALM BEACH, FL 33409

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

ED

10/07/2008

Electronic Signature of Signing Officer or Director

Date