

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008561

FILED  
Mar 31, 2010  
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:**

1121 LUCERNE AVENUE  
LAKE WORTH, FL 33460

**Current Mailing Address:**

4470 PORTOFINO WAY  
201  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

POB 284  
LAKE WORTH, FL 33460

**FEI Number:** 01-0745579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, DONALD F  
515 NORTH FLAGLER DRIVE44  
SUITE 300 PAVILLION  
WEST PALM BEACH, FL 33401 US

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

WILSON, DONALD F  
1121 LUCERNE AVENUE  
LAKE WORTH, FL 33460 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

03/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: INGRAM, RAYMOND  
Address: 1121 LUCERNE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

Title: MRS  
Name: PERRY, MARGO  
Address: 1121 LUCERNE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

Title: DR  
Name: PARKER, JOHNE PH.D  
Address: 1121 LUCERNE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

Title: MRS  
Name: WILSON, LISA  
Address: 1121 LUCERNE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

Title: MR  
Name: WILSON, DONALD F  
Address: 1121 LUCERNE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

Title: MRS  
Name: BRIDGITTE, REDDICK  
Address: 1121 LUCERNE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

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: DONALD F. WILSON

DFW

03/31/2010

Electronic Signature of Signing Officer or Director

Date