

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001238

FILED
Apr 11, 2012
Secretary of State

Entity Name: VIRTUAL MENTOR, INC.

Current Principal Place of Business:

6967 AUGUSTA BLVD.
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

1601 HIGHLAND CLUB LANE
PALM HARBOR, FL 34624

New Mailing Address:

6967 AUGUSTA BLVD.
SEMINOLE, FL 33777

FEI Number: 20-2819603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINMETZ, KAREN L
5455 4TH ST NORTH
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: DAVIS, SCOTT
Address: 1601 HIGHLAND CLUB LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VD
Name: ERIKSEN, JOHN
Address: 9001 BLIND PASS RD
City-St-Zip: ST PETE BEACH, FL 33706

Title: PTD
Name: SCOTT, JIM
Address: 6967 AUGUSTA BLVD
City-St-Zip: SEMINOLE, FL 33777

Title: SD
Name: SWALES, BILL
Address: 540 20TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33710

Title: D
Name: STEPHEN, SMALL
Address: 483 20TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D
Name: VALERIE, WHITE
Address: 2504 GULF BLVD. #302
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: JAMES H SCOTT

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date