

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011318

**Entity Name:** MENTORING & MORE, INC.**Current Principal Place of Business:**32 LAS BRISAS WAY  
NAPLES, FL 34108**Current Mailing Address:**32 LAS BRISAS WAY  
NAPLES, FL 34108 US**FEI Number:** 37-1659475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VARTY, JUDITH F  
32 LAS BRISAS WAY  
NAPLES, FL 34108 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:** JUDITH F VARTY

01/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | BURFIELD, ELISE   |
| Address         | 2991 GARDENS BLVD |
| City-State-Zip: | NAPLES FL 34105   |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | HARPER, JUDY        |
| Address         | 1309 CHESAPEAKE AVE |
| City-State-Zip: | NAPLES FL 34102     |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR AND PRESIDENT |
| Name            | VARTY, JUDITH F        |
| Address         | 32 LAS BRISAS WAY      |
| City-State-Zip: | NAPLES FL 34108        |

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR AND TREASURER        |
| Name            | RUSSO, ALLAIN                 |
| Address         | 85 SILVER OAKS CIRCLE<br>6202 |
| City-State-Zip: | NAPLES FL 34119               |

|                 |                 |
|-----------------|-----------------|
| Title           | CFO             |
| Name            | CARNEY, LISA    |
| Address         | 1875 VERONA CT. |
| City-State-Zip: | NAPLES FL 34109 |

*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:** JUDITH F VARTY

PRESIDENT

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date