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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42985

1. Corporation Name

NEW OUTLOOK, INC.

Principal Place of Business

3333 W. 20TH STREET
JACKSONVILLE FL 32209
US

Mailing Address

P.O. BOX 9010
JACKSONVILLE FL 32208
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date incorporated or Qualified

04/16/1991

4. FEI Number

59-3113263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SIKORA, GREGORY J
3333 W. 20TH ST.
JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
E.C. GREGORY
STREET ADDRESS **11434 YELLOW TAIL CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **SD**
FLAGG, EUGENE
STREET ADDRESS **4271 MCDANIEL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DS**
SANDERS, DEBORAH
STREET ADDRESS **11425 HOBART BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DT**
LEWIS, CHARLES W.
STREET ADDRESS **5307 FLEET LANDING BLVD.**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☐ DELETE

NAME **D**
SIKORA, GREGORY J
STREET ADDRESS **3333 W. 20TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory J. Sikora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

904-743-1883 x219

Daytime Phone #

CR2E037 (11/98)