

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001519

**Entity Name:** BALANCED LIVING MENTORSHIP, INC.**Current Principal Place of Business:**2021 SW PROVIDENCE PL  
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**2021 SW PROVIDENCE PL  
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 47-4574059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BANKS, ANA  
2021 SW PROVIDENCE PL  
PORT SAINT LUCIE, FL 34953 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:** ANA BANKS

04/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	BANKS, HIKEEM
Address	2021 SW PROVIDENCE PL
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	PROGRAM DIRECTOR
Name	FERNANDEZ, ANDREA
Address	791 E 7TH ST
City-State-Zip:	PAHOKEE FL 33476

Title	TREASURER
Name	BANKS, ANA
Address	2021 SW PROVIDENCE PL
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	PROGRAM DIRECTOR
Name	DANIELS, PARIS
Address	2021 SW PROVIDENCE PL
City-State-Zip:	PORT SAINT LUCIE FL 34953

*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:** ANA BANKS**TREASURER**

04/07/2022

Electronic Signature of Signing Officer/Director Detail

Date