

**2024 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

04/19/2024

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            TREASURER  
Name            BANKS, ANA  
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            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**

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date