


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 031 ****70.00

DOCUMENT # N42985 1. Entity Name NEW OUTLOOK, INC.					
Principal Place of Business 1241 BLUEHILL DR., NORTH JACKSONVILLE, FL 32218 US			Mailing Address P.O. BOX 19189 JACKSONVILLE, FL 32245-9189 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3113263	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIKORA, GREGORY J 900 UNIVERSITY BLVD NORTH JACKSONVILLE, FL 32211			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	E.C. GREGORY		NAME		
STREET ADDRESS	12874 DUNES COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREW, RICHARD		NAME		
STREET ADDRESS	P. O. BOX 10209		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LECLERC, DONALD		NAME	DS	
STREET ADDRESS	236 HOLLY CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
TITLE	DTS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, CHARLES W.		NAME	DT Robin Bass	
STREET ADDRESS	5307 FLEET LANDING BLVD.		STREET ADDRESS	4115 Alhambra Drive West	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMMERS, ROBERT		NAME		
STREET ADDRESS	900 UNIVERSITY BLVD NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWEN, GEORGE		NAME		
STREET ADDRESS	9000 SOUTHSIDE BLVD BLDG 300		STREET ADDRESS	10245 Centurion Parkway, Suite 200	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Robert Sommers <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Robert Sommers January 31, 2008 904-743-1883, ext. 252 <small>Date Daytime Phone #</small>		