

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JUN 20 PM 2:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # N96000006452 (4)**

1. Corporation Name

**NEW OUTLOOK II, INC.**

Principal Place of Business

Mailing Address

**3333 WEST 20TH STREET  
 JACKSONVILLE FL 32254**

**POST OFFICE BOX 9018  
 JACKSONVILLE FL 32208-0018**

3. Date Incorporated or Qualified  
**12/18/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Post Office Box 9018**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASPINWALL, BARBARA  
 3333 WEST 20TH STREET  
 JACKSONVILLE FL 32254**

81 Name

**GREGORY J. SIKORA**

82

Street Address (P.O. Box Number is Not Acceptable)  
**3333 WEST 20TH STREET**

83

84 City

**JACKSONVILLE,**

**FL**

85

Zip Code  
**32254**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE

NAME **GREGORY, E C**  
 STREET ADDRESS **11434 YELLOW TAIL COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

**300002221119--8**  
**-06/24/97--01033--019**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **D**  DELETE

NAME **FLAGG, EUGENE**  
 STREET ADDRESS **4271 MCDANIEL DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **SANDERS, DEBORAH**  
 STREET ADDRESS **11425 HOBART DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **LEWIS, CHARLES W**  
 STREET ADDRESS **5307 FLEET LANDING BOULEVARD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32233**

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **GREGORY, MARIAN**  
 STREET ADDRESS **8430 SOPHIST CIRCLE, EAST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **CAIL, MARTHA B**  
 STREET ADDRESS **9826 THOMAS DUKES COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32219-3080**

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)