

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007352

Entity Name: E1 OUTLOOK MENTORING, INC.**Current Principal Place of Business:**5751 NW 8TH AVENUE
GAINESVILLE, FL 32605**Current Mailing Address:**5751 NW 8TH AVENUE
GAINESVILLE, FL 32605**FEI Number:** 35-2385443**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REID, LISA
5751 NW 8TH AVENUE
GAINESVILLE, FL 32605 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	REID, LISA
Address	5751 NW 8TH AVENUE
City-State-Zip:	GAINESVILLE FL 32605

Title	SEC
Name	CHISOLM, LYNETTA
Address	3131 JACKSON STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33704

Title	VP
Name	WILLIAMS, SONIA
Address	1319 NE 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32641

Title	OFFICER
Name	STRAWDER, ANTWON
Address	6519 WEST NEWBERRY ROAD 307
City-State-Zip:	GAINESVILLE FL 32605

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: LISA REID**OFFICER****03/12/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date