

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006452

Entity Name: NEW OUTLOOK II, INC.

Current Principal Place of Business:

1241 BLUEHILL DRIVE NORTH
JACKSONVILLE, FL 32218

Current Mailing Address:

P.O. BOX 19249
JACKSONVILLE, FL 32245-9549 US

FEI Number: 59-3421096

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOMMERS, ROBERT A
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 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: ROBERT SOMMERS

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER, CHAIRMAN
Name OWEN, GEORGE
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Title TREASURER, DIRECTOR
Name BASS, ROBIN
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Title CEO, DIRECTOR
Name SOMMERS, ROBERT
Address 10550 DEERWOOD PARK BOULEVARD, SUITE 600
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BREW, RICHARD
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Title DIRECTOR
Name GREGORY, E.C.
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Title DIRECTOR
Name CUTRIGHT, KELLI
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Title DIRECTOR
Name JARRETT, MARY
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Title DIRECTOR
Name PASCOE, BEVERLY
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549

Continues on page 2

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: ROBERT SOMMERS

PRESIDENT/CEO

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, A. RUSSELL
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245-9549