

**2020 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 VP  
Name WILLIAMS, SONIA  
Address 1319 NE 4TH AVENUE  
City-State-Zip: GAINESVILLE FL 32641

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

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

**PRESIDENT**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date