


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 738575 1. Entity Name LOCKLIN LAKE RESTORATION PROJECT, INC.	
---	---

Principal Place of Business 6583 LAKESHORE DR. MILTON, FL 32570 US	Mailing Address 6583 LAKESHORE DR. MILTON, FL 32570 US
--	--



03142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3025354	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BROOKS, KENNETH L. JR. E 6839 CAROLINE ST MILTON, FL 32570	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000101873
04/02/04-80031-014 61 25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC MATHIS, JULIA A 6583 LAKESHORE DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC GOETZKE, RICHARD W 6467 LAKESHORE DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, MITCH 6577 LAKESHORE DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, LEIGH ANNE 6577 LAKESHORE DR. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Julia A. Mathis Julia A. Mathis 3/15/04 750-623-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President/Chairman