

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 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**



02212006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3025354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
**DVP
BAKER, BETTY
5362 LAKEWOOD 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

000000444736
03/07/06-80014-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman

2-20-06 850-485-4498

Date

Daytime Phone #