


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
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 6577 LAKESHORE DR. MILTON, FL 32570 US
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DO NOT WRITE IN THIS SPACE

03152008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000863357 04/03/08-80088-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATHIS, JULIA A 6430 GUILFORD DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BAKER, BETTY 5362 LAKEWOOD DRIVE 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	

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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 another like empowered.

SIGNATURE: Julia A Mathis Julia A. Mathis DVP 3-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #