

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738575

FILED
Mar 17, 2009
Secretary of State

Entity Name: LOCKLIN LAKE RESTORATION PROJECT, INC.

Current Principal Place of Business:

6583 LAKESHORE DR.
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6577 LAKESHORE DR.
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-3025354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, KENNETH L. JR. E
6839 CAROLINE ST
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MATHIS, JULIA A
Address: 6430 GUILFORD DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: DPC () Delete
Name: BAKER, BETTY
Address: 5362 LAKEWOOD DRIVE
City-St-Zip: MILTON, FL 32570

Title: DT () Delete
Name: DAVIS, MITCH
Address: 6577 LAKESHORE DRIVE
City-St-Zip: MILTON, FL 32570

Title: DS () Delete
Name: DAVIS, LEIGH ANNE
Address: 6577 LAKESHORE DR.
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MITCHELL B. DAVIS

DT

03/17/2009

Electronic Signature of Signing Officer or Director

Date