2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010245

1. Entity Name
REVEREND OTIS J. LOCKE II, INC.

Principal Place of Business	Mailing Address
12126 CAP FERRAT STREET JACKSONVILLE, FL 32224	12126 CAP FERRAT STREET JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
56-2524955

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKE, PAMELA
12126 CAP FERRAT STREET
JACKSONVILLE, FL 32224

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 title 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	D
NAME	LOCKE, OTIS J
STREET ADDRESS	12126 CAP FERRAT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	LOCKE, PAMELA
STREET ADDRESS	12126 CAP FERRAT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	LACY, JENNIFER
STREET ADDRESS	12181 CALAIS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000424032
02/18/06-80034-001 70.00

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: Pamela Locke, Pamela Locke, Secretary 904 568-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 01/05/06 Daytime Phone #