

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010245

FILED  
May 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12126 CAP FERRAT STREET  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

12126 CAP FERRAT STREET  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 56-2524955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LOCKE, PAMELA  
12126 CAP FERRAT STREET  
JACKSONVILLE, FL 32224      US

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: D      ( ) Delete  
Name: LOCKE, OTIS J  
Address: 12126 CAP FERRAT STREET  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D      ( ) Delete  
Name: LOCKE, PAMELA  
Address: 12126 CAP FERRAT STREET  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D      ( ) Delete  
Name: LACY, JENNIFER  
Address: 12181 CALAIS STREET  
City-St-Zip: JACKSONVILLE, FL 32224

**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:

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: PAMELA LOCKE

SECR

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date