

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006753

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** JOHN LOCKE SOCIETY ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

130 JAMES RIVER DRIVE  
NEWPORT NEWS, VA 23601

**New Principal Place of Business:**

**Current Mailing Address:**

130 JAMES RIVER DRIVE  
NEWPORT NEWS, VA 23601

**New Mailing Address:**

**FEI Number:** 26-3735365      **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:**

THOMPSON, PATRICK ESQ  
400 SOUTH PALMETTO AVE  
DAYTONA BEACH, FL 32114      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: BOLTIK, ADAM T  
Address: 7421 GOLDEN HORSESHOE COURT  
City-St-Zip: SPRINGFIELD, VA 22153

Title: D      ( ) Delete  
Name: DUNN, W. CLIFFORD  
Address: 130 JAMES RIVER DRIVE  
City-St-Zip: NEWPORT NEWS, VA 23601

Title: D      ( ) Delete  
Name: EDMONSON, DAVID K  
Address: 118 BRADDOCK ROAD  
City-St-Zip: HAMPTON, VA 23661

Title: D      ( ) Delete  
Name: HUFFMAN, JOSHUA J  
Address: 211 DIXIE AVE  
City-St-Zip: HARRISONBURG, VA 22801

Title: D      ( ) Delete  
Name: UTT, JEREMY B  
Address: 161 SHELTER COVE WAY, APT. 202  
City-St-Zip: CARROLLTON, VA 23314

**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:

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: /S/ JEREMY UTT

D

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date