

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003781

FILED  
Jan 15, 2011  
Secretary of State

**Entity Name:** LORENZO WALKER INSTITUTE OF TECHNOLOGY FOUNDATION, INC.

**Current Principal Place of Business:**

3702 ESTEY AVE  
NAPLES, FL 34104

**New Principal Place of Business:**

3702 ESTEY AVE  
NAPLES, FL 34104 US

**Current Mailing Address:**

PO BOX 1587  
NAPLES, FL 34106

**New Mailing Address:**

PO BOX 1587  
NAPLES, FL 34106 US

**FEI Number:** 65-1136675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIAMOND, SID  
6585 NICHOLAS BLVD, #101  
NAPLES, FL 34108 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: PRES  
Name: EDWARDS, CURT  
Address: 8870 TAMiami TRAIL N.  
City-St-Zip: NAPLES, FL 34108 US

Title: VP  
Name: BETHANN, KASSMAN  
Address: 3176 SERENA LANE #102  
City-St-Zip: NAPLES, FL 34114 US

Title: SEC  
Name: PFAFF, DAVID  
Address: 696 16TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

Title: TRES  
Name: VICKERY, BARBARA ANN  
Address: 1225 26TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34103 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA ANN VICKERY

TRES

01/15/2011

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

\_\_\_\_\_  
Date