

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21484 (1)**

1. Corporation Name
WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.



Principal Place of Business: **209 MONTEREY DR. NAPLES FL 33999**
Mailing Address: **209 MONTEREY DR. NAPLES FL 33999**

3. Date Incorporated or Qualified: **10/26/1988**
3a. Date of Last Report: **03/17/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number 39-1323050	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Country	30	Country				

9. Name and Address of Current Registered Agent
**LOCKETZ, WILLIAM
209 MONTEREY DRIVE
NAPLES FL 33999**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKETZ, WILLIAM	1.2 NAME	
STREET ADDRESS	209 MONTEREY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKETZ, ELINOR	2.2 NAME	
STREET ADDRESS	209 MONTEREY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKETZ, IRVING JAMES	3.2 NAME	
STREET ADDRESS	727 SCARLET OAK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE MI 48161	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKETZ, REBECCA L.	4.2 NAME	
STREET ADDRESS	764 SOUTH QUAKER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT 06110	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKETZ, ELINOR	5.2 NAME	
STREET ADDRESS	209 MONTEREY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKETT, IRVING JAMES	6.2 NAME	
STREET ADDRESS	727 SCARLET OAK CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE MI 02110	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Locketz Pres.* **March 11, 1996** **941-353-2757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)