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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33999-34115
Mailing Address: 209 MONTEREY DR. NAPLES FL 34119-4621

3. Date Incorporated or Qualified: 10/26/1988
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 39-1323050
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. Name and Address of Current Registered Agent
LOCKETZ, WILLIAM
209 MONTEREY DRIVE
NAPLES FL 33999-34119

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 office 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
1.1 TITLE: PD
1.2 NAME: LOCKETZ, WILLIAM
1.3 STREET ADDRESS: 209 MONTEREY DRIVE
1.4 CITY-ST-ZIP: NAPLES FL
1.5 TITLE: VPD
1.6 NAME: LOCKETZ, ELINOR
1.7 STREET ADDRESS: 209 MONTEREY DRIVE
1.8 CITY-ST-ZIP: NAPLES FL
1.9 TITLE: TD
1.10 NAME: LOCKETZ, IRVING JAMES
1.11 STREET ADDRESS: 727 SCARLET OAK COURT
1.12 CITY-ST-ZIP: MONROE MI
1.13 TITLE: SD
1.14 NAME: LOCKETZ, REBECCA L.
1.15 STREET ADDRESS: 764 SOUTH QUAKER LANE
1.16 CITY-ST-ZIP: WEST HARTFORD CT
1.17 TITLE: VPD
1.18 NAME: LOCKETZ, ELINOR
1.19 STREET ADDRESS: 209 MONTEREY DR
1.20 CITY-ST-ZIP: NAPLES FL
1.21 TITLE: TD
1.22 NAME: LOCKETT, IRVING JAMES
1.23 STREET ADDRESS: 727 SCARLET OAK CT
1.24 CITY-ST-ZIP: MONROE MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE: PD
2.2 NAME: LOCKETZ, WILLIAM
2.3 STREET ADDRESS: 209 MONTEREY DRIVE
2.4 CITY-ST-ZIP: NAPLES FL 34119
2.5 TITLE: VPD
2.6 NAME: LOCKETZ, ELINOR
2.7 STREET ADDRESS: 209 MONTEREY DRIVE
2.8 CITY-ST-ZIP: NAPLES, FL 34119
2.9 TITLE: TD
2.10 NAME: LOCKETZ, IRVING JAMES
2.11 STREET ADDRESS: 727 SCARLET OAK COURT
2.12 CITY-ST-ZIP: MONROE, MI 48161
2.13 TITLE: SD
2.14 NAME: LOCKETZ, REBECCA L.
2.15 STREET ADDRESS: 1006 BLUE SPRING ROAD
2.16 CITY-ST-ZIP: PRINCETON, N.J 08540

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
DATE: 2/10/97
DAYTIME PHONE: 941-352-2757

CR2E037 (9/96)