


FILE NOW: FILING FEE IS \$61.25

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**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21484 (1)
1. Corporation Name
WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.



Principal Place of Business 209 MONTEREY DR. NAPLES FL 33909 34119	Mailing Address 209 MONTEREY DR. NAPLES FL 33909 34119-4621
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3. Date Incorporated or Qualified 10/26/1988	
4. FEI Number 39-1323050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LOCKETZ, WILLIAM
209 MONTEREY DRIVE
NAPLES FL 33909 34119**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LOCKETZ, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 209 MONTEREY DRIVE	CITY-ST-ZIP NAPLES FL 34119	1.2 NAME	
TITLE VPD	NAME LOCKETZ, ELINOR	1.3 STREET ADDRESS	
STREET ADDRESS 209 MONTEREY DRIVE	CITY-ST-ZIP NAPLES FL 34119	1.4 CITY-ST-ZIP	
TITLE STD	NAME LOCKETZ, IRVING JAMES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 727 SCARLET OAK COURT	CITY-ST-ZIP MONROE MI 48161	2.2 NAME	
TITLE SD	NAME LOCKETZ, REBECCA L.	2.3 STREET ADDRESS	
STREET ADDRESS 1008 BLUE SPRING ROAD	CITY-ST-ZIP PRINCETON NJ	2.4 CITY-ST-ZIP	
TITLE VPD	NAME LOCKETZ, ELINOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 209 MONTEREY DR	CITY-ST-ZIP NAPLES FL 34119	3.2 NAME	
TITLE TD	NAME LOCKETT, IRVING JAMES	3.3 STREET ADDRESS	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	3.4 CITY-ST-ZIP	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	4.2 NAME	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	4.3 STREET ADDRESS	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	4.4 CITY-ST-ZIP	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	5.2 NAME	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	5.3 STREET ADDRESS	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	5.4 CITY-ST-ZIP	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	6.2 NAME	LOCKETZ
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	6.3 STREET ADDRESS	
STREET ADDRESS 727 SCARLET OAK CT	CITY-ST-ZIP MONROE MI 48161	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOCKETZ, IRVING JAMES
3.3 STREET ADDRESS	727 SCARLET OAK CT.
3.4 CITY-ST-ZIP	MONROE MI 48161
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOCKETZ
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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** PRESIDENT
3/30/98 941-253-2757

CFR2E037 (10/97)