

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90012 043 \*\*\*\*61.25

<b>DOCUMENT # P21484</b>			
1. Entity Name <b>WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.</b>			
Principal Place of Business <b>2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119 US</b>		Mailing Address <b>2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119 US</b>	
2. Principal Place of Business <i>SEE ABOVE</i>		3. Mailing Address <i>SEE ABOVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>39-1323050</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LOCKETZ, WILLIAM 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LOCKETZ, WILLIAM 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD LOCKETZ, ELINOR 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LOCKETZ, IRVING JAMES 727 SCARLET OAK COURT MONROE MI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD LOCKETZ, ELINOR 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD LOCKETZ, IRVING JAMES 727 SCARLET OAK CT MONROE MI 48161</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>William Locketz President</i>		<i>1/27/06 239-259-7689</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

00000308



1st MOORE CR2E037 (10/05)



ATTACHMENT

50000308

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.  
2008 TARPON BAY DRIVE  
NORTH UNIT 101  
NAPLES, FL 34119 US

Subject: WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.

Reference Number:

P21484

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION

PLEASE NOTE:  
I SENT THE REPORT IN ON 1/24/06  
BUT FORGOT TO MAIL THE CHECK.