


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

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90048 012 ****61.25

DOCUMENT # P21484					
1. Entity Name WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.					
Principal Place of Business 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119 US			Mailing Address 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119 US		
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		4. FEI Number 39-1323050	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCKETZ, WILLIAM 2008 TARPON BAY DRIVE NORTH UNIT 101 NAPLES FL 34119			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		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 filing)</small> _____ DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKETZ, WILLIAM		NAME		
STREET ADDRESS	2008 TARPON BAY DRIVE NORTH UNIT 101		STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34119		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKETZ, ELINOR		NAME		
STREET ADDRESS	2008 TARPON BAY DRIVE NORTH UNIT 101		STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34119		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKETZ, IRVING JAMES		NAME		
STREET ADDRESS	727 SCARLET OAK COURT		STREET ADDRESS		
CITY - ST - ZIP	MONROE MI		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKETZ, ELINOR		NAME		
STREET ADDRESS	2008 TARPON BAY DRIVE NORTH UNIT 101		STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34119		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKETZ, IRVING JAMES		NAME		
STREET ADDRESS	727 SCARLET OAK CT		STREET ADDRESS		
CITY - ST - ZIP	MONROE MI 48161		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>			1/27/06 239-254-7009		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		

ATTACHMENT 40125905
P21484

1-800-AMSouth

WILLIAM AND ELINOR LOCKETZ
FOUNDATION INC
2008 Tarpon Bay Dr N Unit 101
Naples, FL 34119

2644

63-466/631

DATE 1/27/05

PAY TO THE ORDER OF

FD. Dept. of State

\$ 61²⁵/₁₀₀

Safety One + 25/100

DOLLARS



AMSOUTH BANK
THE RELATIONSHIP PEOPLE

FOR 721484

William Locketz

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL™



7005 0390 0004 5091 4210
7005 0390 0004 5091 4210

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To DIV OF CORP.
 Street, Apt. No. or PO Box No. PO BOX 1500
 City, State ZIP+4 TALLAHASSEE FL 32302-1500
 PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DIVISION OF CORP.
PO BOX 1500
TALLAHASSEE FL.
32302-1500

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 0390 0004 5091 4210



ATTACHMENT

40125905

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.

P21484

/cc
ANNUAL REPORTS SECTION

PLEASE NOTE:
I SENT THE REPORT IN ON 1/24/06
BUT FORGOT TO MAIL THE CHECK.
THEN MAILED CHECK TO ~~XXXX~~ 1/27/06
AM NOW MAILING 7/22/07
ANOTHER CHECK
P.O. BOX 6327 - Tallahassee, Florida 32314