

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P21484

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



Principal Place of Business Mailing Address

**2008 TARPON BAY DRIVE
 NORTH UNIT 101
 NAPLES FL 34119
 US**

**2008 TARPON BAY DRIVE
 NORTH UNIT 101
 NAPLES FL 34119
 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
39-1323050 Not Applicable

5. Certificate of Status Desired **\$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 *Elinor Locketz* DATE *5/12/08*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-instating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCKETZ, WILLIAM	
STREET ADDRESS	2008 TARPON BAY DRIVE NORTH UNIT 101	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOCKETZ, ELINOR	
STREET ADDRESS	2008 TARPON BAY DRIVE NORTH UNIT 101	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOCKETZ, IRVING JAMES	
STREET ADDRESS	727 SCARLET OAK COURT	
CITY-ST-ZIP	MONROE MI	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOCKETZ, ELINOR	
STREET ADDRESS	2008 TARPON BAY DRIVE NORTH UNIT 101	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOCKETZ, IRVING JAMES	
STREET ADDRESS	727 SCARLET OAK CT	
CITY-ST-ZIP	MONROE MI 48161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000951180	
CITY-ST-ZIP	06/04/08-80022-007 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Elinor Locketz* DATE *5/12/08*