

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# P21484

Entity Name: WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 39-1323050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKETZ, WILLIAM
2008 TARPON BAY DRIVE
NORTH UNIT 101
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOCKETZ, WILLIAM
Address: 2008 TARPON BAY DRIVE NORTH UNIT 101
City-St-Zip: NAPLES, FL 34119

Title: VPD () Delete
Name: LOCKETZ, ELINOR
Address: 2008 TARPON BAY DRIVE NORTH UNIT 101
City-St-Zip: NAPLES, FL 34119

Title: STD () Delete
Name: LOCKETZ, IRVING JAMES
Address: 727 SCARLET OAK COURT
City-St-Zip: MONROE, MI

Title: VPD () Delete
Name: LOCKETZ, ELINOR
Address: 2008 TARPON BAY DRIVE NORTH UNIT 101
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: LOCKETZ, IRVING JAMES
Address: 727 SCARLET OAK CT
City-St-Zip: MONROE, MI 48161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LOCKETZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date