

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21484

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** WILLIAM AND ELINOR LOCKETZ FOUNDATION, INC.

**Current Principal Place of Business:**

4780 ASTON GARDENS WAY,  
113  
NAPLES, FL 341093568 US

**New Principal Place of Business:**

**Current Mailing Address:**

4780 ASTON GARDENS WAY,  
113  
NAPLES, FL 341093568 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  
4780 ASTON GARDEN WAY  
113  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

LOCKETZ, ELINOR  
4780 ASTON GARDEN WAY  
113  
NAPLES, FL 34119 US

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: ELINOR LOCKETZ

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOCKETZ, ELINOR  
Address: 4780 ASTON GARDENS WAY, APT 113  
City-St-Zip: NAPLES, FL 341093568 US

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

I hereby 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 all other like empowered.

SIGNATURE: ELINOR LOCKETZ

PD

01/25/2012

Electronic Signature of Signing Officer or Director

Date