


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90121 042 ****61.25

DOCUMENT # P21484

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



Principal Place of Business Mailing Address

**209 MONTEREY DR.
NAPLES FL 34119
US** **209 MONTEREY DR.
NAPLES FL 34119-4621
US**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOCKETZ, WILLIAM
209 MONTEREY DRIVE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	209 MONTEREY DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOCKETZ, ELINOR	
STREET ADDRESS	209 MONTEREY DRIVE	
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	209 MONTEREY DR	
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		
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
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STREET ADDRESS		
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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 exemption stated in Section 119.07(3)(i), 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: WILLIAM LOCKETZ
SIGNATURE REQUIRED

1/23/03 239-353-2757

CR2E037 (10/02)