FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

4 JULY COURT

SATELLITE BEACH FL

N05109

THE NATIONAL MANAGEMENT ASSOCIATION, LOCKHEED SP

ACE OPERATIONS CHAPTER, INC.							
Principal Place of Business		Mailing Address					
1100 LOCKHEED WAY TITUSVILLE FL 32780		1100 LOCKHEED WAY TITUSVILLE FL 32780-7910					
					3. Date Incorporated or Qualified 09/12/1984	3a. Date of Last Report 04/09/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2496052	Applied For Not Applicable		
Suite, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	у	8. This corporation has liability for		
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		.1.1.7.	10. Name and Address of New Re	gistered Agent	
			8	I Name	KALLIOPE KHOURY		
astramskas, joe			8:	2 Street Ac	ddress (P.O. Box Number is Not Acceptate	ole)	
LOCKEED MARTIN SPACE OPERATIONS			8:		UNITED SPACE ALLIANO	CE	
1100 LOCKHEED WAY			J 0.	'	1100 LOCKHEED WAY		
TITUSVILLE FL 32760				City	TITUSVILLE	FL 85 Zip Code 32780	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	atutes, the abo	ve-named co	orporation submits this statement for the p	purpose of changing its registered	
office or r	registered agent, or both, in the Stat on familiar with, and accept the obli	e of Florida. Such change wa galions of, Section 617.0503.	as authorized t Florida Statuti	by the corpores.	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment as registered	
SIGNATURE		<i> </i>	LIOPE K		\mathcal{G}	115/97	
SIGNATORE	Signature, typed or printed heme of registered a	gent and title if any cable (NOTE: Registered A	gent signature re	quired when reinstating)	DATE	
12.		ND DIRECTORS	13.	—	ADDITIONS/CHANGES TO OFFIC		
TITLE	VD DELETE		1.1 TITLE	1	P Change Addition		
NAME	HERRING, CONNA CM 29 COUNTRY CLUB ROAD		1.2 NAME		PECK, LARRY	V/0 11012 025	
STREET ADDRESS	COCOA BEACH FL		1.3 STREET ADDRESS		8550 ASTRONAUT BLVD., M/C USK -235 CAPE CAJAVERAL, FL 32920-4304		
CITY-ST-ZIP	PD PD	DELETÉ	1.4 CITY - ST - ZIP TE 2.1 TITLE			2920-4304 ☐ Change X Addition	
NAME	KIZIS, MARY		2.2 NAMI		VP		
STREET ADDRESS	219 ROCKLEDGE DRIVE			ET ADDRESS	SUSANECK, MORRIS	W/O HOW 225	
CITY-ST-ZIP	ROCKLEDGE FL			STREET ADDRESS 8550 ASTRONAUT BLVD, M/C USK-23. CITY-SI-ZIP CAPE CA: IAVERAL, FL 32920-4304 ITTLE Change		M/C USK-233	
TITLE	COBD DELETE		3.1 TITLE		CARE CAMAVERAL, FL. 3	Change Addition	
NAME	SUSANECK, MORRIS		3.2 NAM	:	8		
STREET ADDRESS	540 S BREVARD AVE UNIT 446		3.3 STRE	ET ADDRESS	RILEY, CATHEY 8550 ASTRONAUT BLVD.,M/C USK-235		
CITY-ST-ZIP	COCOA BEACH FL		3.4. CiTY	- ST- ZiP	CARR CAMARERAL EL 32020-4304		
TITLE	A	☐ DELETE	4.1 THTLE		T	Change Addition	
NAME	WALKER, SYLVIA		4. 2 NAM	E	STEVENS, ALFRED		
STREET ADDRESS	•			ET ADDRESS	8550 ASTRONAUT BLVD.	. M/C USK-235	
CITY-ST-ZIP	COCOA FL	E longere	4.4 CITY				
TITLE	CODOON DUVINO	DELETE	5.1 TITLE		CAPE CAHANVERAL, FL	☐ Change ☐ Addition 32920–235	
NAME CTOTET ADDRESS	CORSON, PHYLLIS		5.2 NAM(•		
STREET ADDRESS	1675 NEPTUNE			ET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL D	DELETE	5.4 CFTY- 6.1 TITLE			☐ Change ☐ Addition	
NAME	JAMBA, JACK	_ vecen	6.2 NAM			E ondingo E ondinon	
	t acumental account		- U.E. 11. U/I	- 1	· ·		

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ooth; 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

FILED

Sep 19 1997 8:00am

Secretary of State