

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10995 (1)

1. Corporation Name

LOCKHEED MARTIN MANAGEMENT CLUB OF CENTRAL FLORIDA, INC.



Principal Place of Business: 5600 SAND LAKE ROAD, 5200 SAND LK RD. - POB 555837 MP 66, ORLANDO FL 32819 - 8907 US  
Mailing Address: 5600 SAND LAKE ROAD, 5200 SAND LK RD. - POB 555837 MP 66, ORLANDO FL 32819 - 8907 US

3. Date Incorporated or Qualified: 09/06/1985  
3a. Date of Last Report: 04/06/1995  
4. FEI Number: 23-7119213  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: GUSS, STEPHEN J, 2508 SAGINAW TR, MAITLAND FL 32751

10. Name and Address of New Registered Agent: RON LORD, 3071 GOLDENVIEW LANE, ORLANDO FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ron Lord* (3/28/96)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	NAME: GUSS, STEPHEN J	1.1 TITLE: S	NAME: RICHARD CRAIG
STREET ADDRESS: 2508 SAGINAW TR	CITY-ST-ZIP: MAITLAND FL	1.2 NAME:	1.3 STREET ADDRESS: 7016 ARCHWOOD DR
TITLE: PD	NAME: LORD, RON	1.4 CITY-ST-ZIP: ORLANDO, FL 32819	2.1 TITLE: C
STREET ADDRESS: 3071 GOLDENVIEW LANE	CITY-ST-ZIP: ORLANDO FL	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: T	NAME: NEWTON, LEON	2.4 CITY-ST-ZIP:	3.1 TITLE:
STREET ADDRESS: 5539 HOLLOW OAK ROAD	CITY-ST-ZIP: ORLANDO FL	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: S	NAME: SCANLON, JIM	3.4 CITY-ST-ZIP:	4.1 TITLE: D
STREET ADDRESS: 875 BENTLEY GREEN CIRCLE	CITY-ST-ZIP: WINTER SPRINGS FL	4.2 NAME:	4.3 STREET ADDRESS:
TITLE: V	NAME: LAWRENCE, ANDREA	4.4 CITY-ST-ZIP:	5.1 TITLE: PD
STREET ADDRESS: 8783 CHARLES E. LIMPUS ROAD	CITY-ST-ZIP: ORLANDO FL	5.2 NAME:	5.2 NAME:
TITLE: D	NAME: SWIGER, RONALD	5.3 STREET ADDRESS:	5.3 STREET ADDRESS:
STREET ADDRESS: 952 VERSAILLES CIRCLE	CITY-ST-ZIP: MAITLAND FL	5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
		6.1 TITLE: V	6.1 TITLE: V
		6.2 NAME:	6.2 NAME:
		6.3 STREET ADDRESS:	6.3 STREET ADDRESS: A Dep by Bank 70.00
		6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Craig* RICHARD CRAIG 02 MAR 96 407 356 0731

CR2E037 (12/95)