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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

5600 SAND LAKE ROAD  
5200 SAND LK RD. POB 555837 MP-66  
ORLANDO FL 32819-8907  
US

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  
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
5600 Sand Lake Rd, MP 66

26 Suite, Apt. #, etc.  
5600 Sand Lake Rd, MP 66

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
23-7119213

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORD, RON  
3071 GOLDENVIEW LANE  
ORLANDO FL

81 Name Swiger, Ron

82 Street Address (P.O. Box Number is Not Acceptable)  
952 Versailles Circle

83

84 City Maitland

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  DELETE  
NAME CRAIG, RICHARD  
STREET ADDRESS 7016 ARCHWOOD DR  
CITY-ST-ZIP ORLANDO FL 32819

1.1 TITLE S  Change  Addition  
1.2 NAME Young, Irene  
1.3 STREET ADDRESS 3944 Janie Court  
1.4 CITY-ST-ZIP Orlando, FL 32822

TITLE C  DELETE  
NAME LORD, RON  
STREET ADDRESS 3071 GOLDENVIEW LANE  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE C  Change  Addition  
2.2 NAME Lawrence, Andrea  
2.3 STREET ADDRESS 8783 Charles E. Limpus Road  
2.4 CITY-ST-ZIP Orlando, FL

NAME NEWTON, LEON  
STREET ADDRESS 5539 HOLLOW OAK ROAD  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE T  Change  Addition  
3.2 NAME Boysen, William  
3.3 STREET ADDRESS 907 Lakeside Drive  
3.4 CITY-ST-ZIP Apopka, FL 32712

TITLE D  DELETE  
NAME SCANLON, JIM  
STREET ADDRESS 875 BENTLEY GREEN CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME LAWRENCE, ANDREA  
STREET ADDRESS 8783 CHARLES E. LIMPUS ROAD  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE PD  Change  Addition  
5.2 NAME Swiger, Ronald  
5.3 STREET ADDRESS 952 Versailles Circle  
5.4 CITY-ST-ZIP Maitland, FL

TITLE V  DELETE  
NAME SWIGER, RONALD  
STREET ADDRESS 952 VERSAILLES CIRCLE  
CITY-ST-ZIP MAITLAND FL

6.1 TITLE V  Change  Addition  
6.2 NAME Murphy, Ken  
6.3 STREET ADDRESS 1210 Overlake Avenue  
6.4 CITY-ST-ZIP Orlando, FL 32806

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE # 0017530

Ronald F. Swiger

1/17/97

(407) 356-1319

CFR2E037 (9/96)