


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N10995 (1)**  
1. Corporation Name  
**LOCKHEED MARTIN LEADERSHIP ASSOCIATION OF CENTRAL FLORIDA, INC.**



Principal Place of Business 5600 SAND LAKE ROAD MP-66 ORLANDO FL 32819-8907 US	Mailing Address 5600 SAND LAKE ROAD MP-66 ORLANDO FL 32819-8907 US
--	--

3. Date Incorporated or Qualified <b>09/06/1985</b>	
4. FEI Number <b>23-7119213</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  
**SWIGER, RON  
952 VERSALIS CIR  
MAITLAND FL**

10. Name and Address of New Registered Agent  
81 Name **Kenneth J. MURPHY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1210 OVERLAKE AVE.**  
83  
84 City **ORLANDO** FL 85 Zip Code **32806**

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 *Ronald A. Swiger* DATE **7/6/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>S</b>	<input checked="" type="checkbox"/>
NAME	<b>YOUNG, IRENE</b>	
STREET ADDRESS	<b>3944 JANIE COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/>
NAME	<b>LAWRENCE, ANDREA</b>	
STREET ADDRESS	<b>8783 CHARLES E. LIMPUS ROAD</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>BOYSEN, WILLIAM</b>	
STREET ADDRESS	<b>907 LAKESIDE DR</b>	
CITY - ST - ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>SCANLON, JIM</b>	
STREET ADDRESS	<b>875 BENTLEY GREEN CIRCLE</b>	
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>SWIGER, RONALD</b>	
STREET ADDRESS	<b>952 VERSALLES CIR</b>	
CITY - ST - ZIP	<b>MAITLAND FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/>
NAME	<b>MURPHY, KEN</b>	
STREET ADDRESS	<b>1210 OVERLAKE AVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>MT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>MILES, VICTORIA</b>		
1.3 STREET ADDRESS	<b>577 WENIVA LANDING DR</b>		
1.4 CITY - ST - ZIP	<b>APOPKA, FL 32712</b>		
2.1 TITLE	<b>MD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>MURPHY, KENNETH</b>		
2.3 STREET ADDRESS	<b>1210 OVERLAKE AVE</b>		
2.4 CITY - ST - ZIP	<b>ORLANDO, FLORIDA</b>		
3.1 TITLE	<b>BD</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Boysen, William</b>		
3.3 STREET ADDRESS	<b>907 LAKESIDE DR.</b>		
3.4 CITY - ST - ZIP	<b>APOPKA, FL 32712</b>		
4.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>TAGLIARNO, ROSETTA</b>		
4.3 STREET ADDRESS	<b>203 TEALWOOD CT.</b>		
4.4 CITY - ST - ZIP	<b>KISSIMEE, FL 34743</b>		
5.1 TITLE	<b>BT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>SWIGER, RONALD</b>		
5.3 STREET ADDRESS	<b>952 VERSALLES CIRCLE</b>		
5.4 CITY - ST - ZIP	<b>MAITLAND, FL</b>		
6.1 TITLE	<b>BT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<b>MATTHEW MILLIGAN</b>		
6.3 STREET ADDRESS	<b>5203 FAUN WAY CT.</b>		
6.4 CITY - ST - ZIP	<b>ORLANDO, FL 32819</b>		

14. 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 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: *William D. Boysen* DATE: **6/30/98** NUMBER: **407-356-8308**

CR2E037 (10/97)