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Secretary of State

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0017996

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10995

1. Corporation Name

LOCKHEED MARTIN LEADERSHIP ASSOCIATION OF CENTRAL FLORIDA, INC.

4 9 1 1 - 90123 - 29
 491916

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 **MP 361**

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **MP 361**

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

09/06/1985

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

9. Name and Address of Current Registered Agent

MURPHY, KENNETH J
1210 OVERLAKE AVENUE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, VICTORIA	
STREET ADDRESS	577 WEKIVA LANDING DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, KENNETH	
STREET ADDRESS	1210 OVERLAKE AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYSEN, WILLIAM	
STREET ADDRESS	907 LAKESIDE DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAGLIARNO, ROSETTA	
STREET ADDRESS	203 TEALWOOD COURT	
CITY-ST-ZIP	KISSIMEE FL 34743	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWIGER, RONALD	
STREET ADDRESS	952 VERSALLES CIRCLE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLIGAN, MATTHEW	
STREET ADDRESS	5203 FAWN WAY COURT	
CITY-ST-ZIP	ORLANDO FL 32819	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALBUM, DONALD S.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLIGAN, MATTHEW C.	
2.3 STREET ADDRESS	5203 FAWN WAY CT.	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MURPHY, KENNETH J.	
5.3 STREET ADDRESS	1210 OVERLAKE AVENUE	
5.4 CITY-ST-ZIP	ORLANDO, FL. 32806	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ELLER, JENNIFER L.	
6.3 STREET ADDRESS	125 HOLLOW BRANCH RD.	
6.4 CITY-ST-ZIP	APOPKA, FL. 32703	

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, with all other like empowered.

SIGNATURE:

William R. Boyesen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

407-356-8308

CR2E037 (1/198)