


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90020 001 ****61.25

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DOCUMENT # N10995					
1. Entity Name LOCKHEED MARTIN MANAGEMENT CLUB, INC.					
Principal Place of Business 5600 SAND LAKE ROAD MP-361 ORLANDO, FL 32819-8907 US			Mailing Address 5600 SAND LAKE ROAD MP-361 ORLANDO, FL 32819-8907 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7119213	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRUTZLER, CHARLES 9730 PLEASANCE CIR. WINDERMERE, FL 34786			Name THOMAS CLARK		
			Street Address (P.O. Box Number is Not Acceptable)		
			1532 HEIGHTS LANE		
			City LONGWOOD		FL Zip Code 32750
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Thomas A Clark</u>					DATE <u>4/12/04</u>
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARNER, ALEXANDRIA		NAME		
STREET ADDRESS	432 ELLIOT AVE.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 33771		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELLOR, ROBERT		NAME	D BOYD, WILLIAM	
STREET ADDRESS	2535 S. CONTTY RD., 419		STREET ADDRESS	560 STARSTONE DR	
CITY-ST-ZIP	CHULUOTA, FL 32766		CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, THOMAS		NAME	TD CLARK, THOMAS	
STREET ADDRESS	1532 HEIGHTS LANE		STREET ADDRESS	1532 HEIGHTS LANE	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLUM, DONALD S JR		NAME	VD BERKOWITZ HOWARD	
STREET ADDRESS	2120 FOXFIRE LANE		STREET ADDRESS	5600 SAND LAKE RD	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUTZLER, CHARLES		NAME	CD KRUTZLER, CHARLES	
STREET ADDRESS	9730 PEASANCE CIR.		STREET ADDRESS	9730 PEASANCE CIR	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, RICHARD		NAME	PD CRAIG, RICHARD	
STREET ADDRESS	7016 ARCHWOOD DRIVE		STREET ADDRESS	7016 ARCHWOOD DR	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas A Clark</u>			<u>THOMAS A CLARK</u>		DATE <u>4/12/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone #