

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 025 ****61.25

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

50029276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7119213

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, THOMAS
1532 HEIGHTS LANE
LONGWOOD, FL 32750

Name

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

City

FL

Zip Code

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

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, 2005

9. Election Campaign Financing
 Trust Fund Contribution.

\$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** Delete
 NAME **GARNER, ALEXANDRIA**
 STREET ADDRESS **432 ELLIOT AVE.**
 CITY-ST-ZIP **SANFORD, FL 33771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOYD, WILLIAM**
 STREET ADDRESS **560 STARSTONE DR.**
 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE Change Addition
 NAME **VD**
BOYD, WILLIAM
 STREET ADDRESS **560 STARSTONE DR**
 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **TD** Delete
 NAME **CLARK, THOMAS**
 STREET ADDRESS **1532 HEIGHTS LANE**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BERKOWITZ, HOWARD**
 STREET ADDRESS **5600 SAND LAKE RD.**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE Change Addition
 NAME **PD**
BERKOWITZ, HOWARD
 STREET ADDRESS **5600 SAND LAKE RD**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **CD** Delete
 NAME **KRUTZLER, CHARLES**
 STREET ADDRESS **9730 PEASANCE CIR.**
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE Change Addition
 NAME **PD**
MESSINA, JAMES
 STREET ADDRESS **12208 LEPERA CT**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **PD** Delete
 NAME **CRAIG, RICHARD**
 STREET ADDRESS **7016 ARCHWOOD DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE Change Addition
 NAME **CD**
CRAIG, RICHARD
 STREET ADDRESS **7016 ARCHWOOD DRIVE**
 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)(f), 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: Thomas A Clark **THOMAS A CLARK** 3/17/05 4073567522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #