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Jun 30 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 # N05660 (8)

1. Corporation Name

LOCKHEED EMPLOYEE BUCKS-OF-THE-MONTH CLUB, LOCKHEED SPACE OPERATIONS INC.

Principal Place of Business

1100 LOCKHEED WAY
TITUSVILLE FL 32780

Mailing Address

1100 LOCKHEED WAY
TITUSVILLE FL 32780-7910



3. Date Incorporated or Qualified
09/21/1984

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 8550 Astronaut Blvd.

27 Suite, Apt. #, etc.

27 USK-339

City & State

28 Cape Canaveral, FL
29 32920-4304 30 USA

4. FEI Number
59-2421310

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

HODGE, JANET E.
1100 LOCKHEED WAY LSO-339
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8550 Astronaut Blvd.

83 USK-339

84 City State Zip Code
Cape Canaveral, FL FL 32920

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RUDOLPH, J.W.
STREET ADDRESS 3487 ROCKY GAP PLACE
CITY-ST-ZIP COCOA FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WINKEL, M.L.
STREET ADDRESS 4374 LONGBOW DRIVE
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DANA, M.C.
STREET ADDRESS 2405 ADAMSON ROAD
CITY-ST-ZIP COCOA FL ☐ DELETE

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME WESTCOTT, M.C.
3.3 STREET ADDRESS 1229 Sleepy Hollow Lane
3.4 CITY-ST-ZIP Rockledge, FL

TITLE D
NAME LAMAR, J. F.
STREET ADDRESS 5800 N BANANA RIVER DR
CITY-ST-ZIP CAPE CANAVERAL FL ☐ DELETE

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME LAMAR, J.F.
4.3 STREET ADDRESS P.O. 541955 N/A
4.4 CITY-ST-ZIP MERRITT ISLAND, FL

TITLE PD
NAME COTTRELL, JANIE
STREET ADDRESS 1545 FAIRLANE DRIVE
CITY-ST-ZIP TITUSVILLE FL ☒ DELETE

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME GARY M. OLSEN
5.3 STREET ADDRESS 245 E. GRANT AVENUE
5.4 CITY-ST-ZIP COCOA BEACH, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME JUDY SHOCKLEY
6.3 STREET ADDRESS 1377 GARY DRIVE
6.4 CITY-ST-ZIP MERRITT ISLAND, FL

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 if changed, or on an attachment with an address.

CR2E037 (9/96)

(407) 861
6120 83 1411