

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10995

**Entity Name:** LOCKHEED MARTIN MANAGEMENT CLUB, INC.

**Current Principal Place of Business:**

5600 SAND LAKE ROAD  
MP-361  
ORLANDO, FL 32819-8907

**Current Mailing Address:**

5600 SAND LAKE ROAD  
MP-361  
ORLANDO, FL 32819-8907 US

**FEI Number:** 23-7119213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CURNES, DEBRA  
5600 SAND LAKE ROAD  
ORLANDO, FL 32819 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MCCAULEY, LISA  
Address 5600 SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT  
Name WARDLE, TARA  
Address 5600 SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name CURNES, DEBRA  
Address 5600 SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

Title CHAIRMAN  
Name CORTES III, JOSE  
Address 5600 SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name BAUE, ANNA BELL  
Address 5600 SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name TORRES, LIZ  
Address 5600 SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DEBRA CURNES**

**TREASURER**

**03/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date