FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05543 (6)

1. Corporation Name
LOCKHEED EMPLOYEES RECREATION ASSOCIATION, LOCKH EED SPACE OPERATIONS, INC.

Principal Place of Business	Mailing Address
1100 LOCKHEED WAY TITUSVILLE FL 32780	1100 LOCKHEED WAY TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2421309 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HODGE, JANET
1100 LOCKHEED WAY
TITUSVILLE FL 32780

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WADE, RANDALL	1.2 NAME	
STREET ADDRESS	1514 CLEARLAKE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, LINDA	2.2 NAME	
STREET ADDRESS	4747 S WASHINGTON / STE 133	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ELLIOT, CHARLES	3.2 NAME	D JAMES ROSENBAUER
STREET ADDRESS	425 NEEDLE BLVD.	3.3 STREET ADDRESS	6380 PLEASANT AVENUE
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	COCOA, FL 32927-8212
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	REDMOND, WANDA	4.2 NAME	
STREET ADDRESS	290-7 SPRING DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	ABATE, MARK	5.2 NAME	D EDDIE ENOS
STREET ADDRESS	1455 GOLFVIEW DR.	5.3 STREET ADDRESS	515 PAW PAW STREET
CITY-ST-ZIP	TITUSVILLE FL 32780	5.4 CITY-ST-ZIP	COCOA, FL 32922
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROWAN, NANCY WOOD	6.2 NAME	
STREET ADDRESS	7748 WINDOVER WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 4-24-95 861-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature]

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