FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N05543

(6)

LOCKHEED EMPLOYEES RECREATION ASSOCIATION, LOCKHEED SPACE OPERATIONS, INC.

Principal Place of Business

Mailing Address

1100 LOCKHEED WAY TITUSVILLE FL 32780 1100 LOCKHEED WAY TITUSVILLE FL 32780-7910

FILED Jun 24 1997 8:00am Secretary of State



1						
					 Date Incorporated or Qualified 09/21/1984 	3e. Date of Last Report 05/21/1996
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For	
21		26 8550 ASTRONAUT BIVA		59-2421309	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			¢0.75	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be	
		28 CAPE CANAVERAL FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr		8. This corporation has liability for i	
24	25	29 32920-4304 3	o 08	S A		Yes X No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
HODGE, JANET				82 Street Address (P.O. Box Number is Not Acceptable)		
1100 LOCKHEED WAY			02	Street Addit	ess (F.O. Box Nomber is Not Acceptab	ie)
TITUSVILLE FL 32780			83	1		*****
III GALIPPE I P ARI AA						
	S		84	City		FL 85 Zip Code
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						
12.				eni signature require	ADDITIONS/CHANGES 10 OFFIC	DATE
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WADE, RANDALL		1.2 NAME			El crange El vancion
STREET ADDRESS	1514 CLEARLAKE RD.					
	COCOA FL 32928			T ADDRESS		
CITY-ST-ZIP	D	DELETÉ	1.4 CITY -	ST · ZIP		
NAME	BRADLEY, LINDA	Deceie	2.1 TITLE			☐ Change ☐ Addition
l l	4747 S WASHINGTON / STE 1	00	2.2 NAME			
STREET ADDRESS		33	2.3 STREE	TADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	- Driete	2. 4 CITY-	ST-ZIP		
TITLE	D DAMES BOSENBAUES	DELETE	3.1 TITLE			☐ Change ☐ Addition ☐
NAME	JAMES ROSENBAUER		3.2 NAME			
STREET ADDRESS	6380 PLEASANT AVE		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	COCOA FL		3.4. CITY-	ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	ľ		☐ Change ☐ Addition
NAME	REDMOND, WANDA		4. 2 NAME			
STREET ADDRESS	290-7 SPRING DR		4.3 STREET	T ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-5	ST - 21P		
TITLE	D	DELETE	5.1 TITLE			Change Addition
NAME	EDDIE ENOS		5.2 NAME			
STREET ADDRESS	515 PAW PAW ST		5.3 STREE	ADDRESS		
CITY-ST-ZIP	COCOA FL		5.4 CITY - S			İ
TITLE	D	☐ DELETE	6.1 TITLE		······	Change Addition
NAME	ROWAN, NANCY WOOD		6.2 NAME			
STREET ADDRESS	7746 WINDOVER WAY		6.3 STREET	I ADDRESS		1
CITY-ST-ZIP	TITUSVILLE FL		6.4 CHY-5			1
			V 7 V 1 1 7 7			

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.

CONTRACTOR OF CHIEF