

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90010 003 ****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**

40054474



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03172008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
23-7119213

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**CLARK, THOMAS
 1532 HEIGHTS LANE
 LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name **Debra Curnes**

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

City **Orlando** FL Zip Code **32828**

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 *Debra Curnes, LMMC Treasurer* *Debra Curnes* *3/17/08*

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, 2008

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ISMER, BETH	
STREET ADDRESS	5600 SAND LAKE RD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORTENSEN, STEVE	
STREET ADDRESS	5600 SAND LAKE RD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, THOMAS	
STREET ADDRESS	1532 HEIGHTS LANE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, WILLIAM	
STREET ADDRESS	560 STARSTONE DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUE, ANNA BELL	
STREET ADDRESS	5600 SAND LAKE RD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VARLEY, JOHN	
STREET ADDRESS	10008 CANOPY TREE CT	
CITY-ST-ZIP	ORLANDO, FL 32836	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Santiago	
STREET ADDRESS	3074 Brightwater Ct	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Varley	
STREET ADDRESS	10008 Canopy Tree Ct	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Curnes	
STREET ADDRESS	806 Jadestone Cir	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Mortensen	
STREET ADDRESS	7893 Canyon Lake Cir	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annabell Baue	
STREET ADDRESS	134 Baywest Dr	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Fogle	
STREET ADDRESS	3132 Burlington Dr	
CITY-ST-ZIP	Orlando, FL 32837	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Debra Curnes* *Debra Curnes* *3/17/08* *407-356-9832*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #