

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13423

FILED
Apr 24, 2006
Secretary of State

Entity Name: RETIREES ASSOCIATION OF LOCKHEED MARTIN OF CENTRAL FLORIDA INCORPORATED

Current Principal Place of Business:

1748 SPARKLING WATER CIR.
OCOE, FL 34761 US

New Principal Place of Business:

4843 BIG OAKS LANE
ORLANDO, FL 32806 US

Current Mailing Address:

1748 SPARKLING WATER CIR.
OCOE, FL 34761 US

New Mailing Address:

4843 BIG OAKS LANE
ORLANDO, FL 32806 US

FEI Number: 59-2483862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NENTON, LEON
1748 SPARKLING WATER CIRCLE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

SCHAFERS, LEO J
4843 BIG OAKS LANE
ORLANDO, FL 32806 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: LEO J. SCHAFERS

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: KENTON, WILLIAM
Address: P.O. BOX 861
City-St-Zip: WINDERMERE, FL 347860861

Title: T () Delete
Name: NEWTON, LEON
Address: 1748 SPARKLING WATER CIRCLE
City-St-Zip: OCOE, FL 34761

Title: S () Delete
Name: JONES, SHIRLEY
Address: 6515 MATCHETT ROAD
City-St-Zip: ORLANDO, FL 32809

Title: PD (X) Delete
Name: BRANDSETTER, RICHARD
Address: 249 WALTON HEATH DR
City-St-Zip: ORLANDO, FL 328288015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHAIDT, LINDA
Address: 1756 SINGING PALM DRIVE
City-St-Zip: APOPKA, FL 327122465

Title: T (X) Change () Addition
Name: SCHAFERS, LEO J
Address: 4843 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEO J. SCHAFERS

T

04/24/2006

Electronic Signature of Signing Officer or Director

Date