

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 029 \*\*\*\*61.25

**DOCUMENT # N13423**

1. Entity Name



**RETIRES ASSOCIATION OF LOCKHEED MARTIN OF  
CENTRAL FLORIDA INCORPORATED**

Principal Place of Business

Mailing Address

4843 BIG OAKS LANE  
ORLANDO FL 32806  
US

4843 BIG OAKS LANE  
ORLANDO FL 32806  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2483862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFERS, LEO J  
4843 BIG OAKS LANE  
ORLANDO FL 32806

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P SCHAI DT, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1756 SINGING PALM DRIVE	
CITY - ST - ZIP	APOPKA FL 32712-2465	
TITLE NAME	T SCHAFERS, LEO J	<input type="checkbox"/> Delete
STREET ADDRESS	4843 BIG OAKS LANE	
CITY - ST - ZIP	ORLANDO FL 32806	
TITLE NAME	S JONES, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	6515 MATCHETT ROAD	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME	P GOSLIN, TOM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2949 BUTLER BAY DR N	
CITY - ST - ZIP	WINDERMERE, FL., 34786-6113	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Leo Schafers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07

407857-9325