

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N13423

1. Entity Name

**RETIREE 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 (10/07)

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 constituting)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAFERS, LEO J	
STREET ADDRESS	4843 BIG OAKS LANE	
CITY - ST - ZIP	ORLANDO FL 32806	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, SHIRLEY	
STREET ADDRESS	6515 MATCHETT ROAD	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOSLIN, TOM	
STREET ADDRESS	2949 BUTLER BAY DR NORTH	
CITY - ST - ZIP	WINDERMERE FL 34786	
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03/20/08-80019-019 61.25

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* **LEO J. SCHAFERS** *Treasurer* **3-3-08** **407 857 9325**