

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13423

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

4843 BIG OAKS LANE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

4843 BIG OAKS LANE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2483862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFERS, LEO J
4843 BIG OAKS LANE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: P () Delete
Name: GOSLIN, TOM
Address: 2949 BUTLER BAY DR NORTH
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: WINSOR, CHET
Address: 6032 PINE VALLEY DR
City-St-Zip: ORLANDO, FL 32819

Title: C () Change (X) Addition
Name: GOSLIN, TOM
Address: 2949 BUTLER BAY DR NORTH
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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

04/03/2009

Electronic Signature of Signing Officer or Director

Date