2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2012
Secretary of State

DOCUMENT# N13423

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

Current Principal Place of Business:

606 ELLA MAE DR
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

3208 E. COLONIAL DR.
#302
ORLANDO, FL 32803 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:

DROWN, WILLIAM A
606 ELLA MAE DR
DAVENPORT, FL 33897 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
Name: DROWN, WILLIAM A
Address: 606 ELLA MAE DR
City-St-Zip: DAVENPORT, FL 33897

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

Title: P
Name: RIVERA, WILLIAM
Address: 830 N ATLANTIC AVE APT B
City-St-Zip: COCOA BEACH, FL 32931

Title: C
Name: CATES, HAROLD
Address: 4085 CONWAY PLACE CIRCLE
City-St-Zip: ORLANDO, FL 32812

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A. DROWN T 01/07/2012
Electronic Signature of Signing Officer or Director Date