

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000665 (8)

1. Corporation Name

THE 55TH STRAT RECON WING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

3. Date Incorporated or Qualified
02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3303017

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATERS, CHARLES E
151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBERMAN, ERROL	
STREET ADDRESS	6690 AVENIDA CODORNIZ	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARKS, JOHN B	
STREET ADDRESS	1718 LILI BERRY LANE WEST	
CITY-ST-ZIP	NICEVILLE FL 32578-8740	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERS, CHARLES E	
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PIZZO, SAMUEL	
1.3 STREET ADDRESS	218 NOTTOWAY DR	
1.4 CITY-ST-ZIP	MANDEVILLE LA 70448	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOOVER, ROBB	
2.3 STREET ADDRESS	3308 LYNNWOOD DR	
2.4 CITY-ST-ZIP	BELLEVUE NE 68123	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OLMSTEAD, BRUCE	
3.3 STREET ADDRESS	3707 THOMAS POINT RD	
3.4 CITY-ST-ZIP	ANNAPOLIS MD 21403	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOORE, MAX R.	
4.3 STREET ADDRESS	201 BASSWOOD COURT	
4.4 CITY-ST-ZIP	BELLEVUE NE 68005	
5.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WATERS, CHARLES E	
5.3 STREET ADDRESS	151 CALHOUN AVE UNIT 507	
5.4 CITY-ST-ZIP	DESTIN FL 32541	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles E Waters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 **904-837-6891**
Date Daytime Phone #

CR2E037 (12/95)