

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90042 021 ****61.25

DOCUMENT # N95000000665

1. Entity Name

THE 55TH STRAT RECON WING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6441 AVE DE GALVEZ
 NAVARRE FL 32566-8911
 US**

**6441 AVE DE GALVEZ
 NAVARRE FL 32566-8911
 US**

00017480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3303017

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HOBBERMAN, ERROL
 6441 AVE DE GALVEZ
 NAVARRE FL 32566**

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	HOBBERMAN, ERROL	6441 AVENIDA DE GALVEZ NAVARRE FL 32566				
	VPD	HOOVER, ROBB	13412 TREQARON CIR BELLEVUE NE 68005				
	D	WATERS, CHARLES E	151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541				
	D	PIZZO, SAMUEL	218 NOTTOWAY DRIVE MANDEVILLE LA 70471				
	SD	WHITE BENJAMIN L.	BOX 2406 OGAN SANDS COROLLA NC				
	D	MOORE, MAX R.	Y BELLEVUE NE 68005			201 BASSWOOD COURT	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Errol Hobberman RECEIVEDS. HOBBERMAN 12 Feb 2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)