

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90081 040 ****61.25

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DOCUMENT # N95000000665					
1. Entity Name THE 55TH STRAT RECON WING ASSOCIATION, INC.					
Principal Place of Business 6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US			Mailing Address 6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3303017				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOBERTMAN, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	Delete <input type="checkbox"/>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBERTMAN, ERROL			NAME	T
STREET ADDRESS	6441 AVENIDA DE GALVEZ			STREET ADDRESS	
CITY-ST-ZIP	NAVARRE, FL 32566			CITY-ST-ZIP	
TITLE	VPD	Delete <input type="checkbox"/>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, ROBB			NAME	D
STREET ADDRESS	13412 TREQARON CIR			STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, NE 68005			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, CHARLES E			NAME	
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZO, SAMUEL			NAME	
STREET ADDRESS	218 NOTTOWAY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MANDEVILLE, LA 70471			CITY-ST-ZIP	
TITLE	P	Delete <input type="checkbox"/>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNST, WILLIAM H			NAME	D
STREET ADDRESS	410 GREENBRIAR CT			STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, NE 68005			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MAX R.			NAME	S
STREET ADDRESS	201 BASSWOOD COURT			STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, NE 68005			CITY-ST-ZIP	
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: <i>Errol Hoberman</i>				Date: 16 Mar 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Deputy Phone #: 850 939 5231	

ERROL S HOBERTMAN