


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 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

HOBERTMAN, ERROL
 6441 AVE DE GALVEZ
 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | T |
| NAME | HOBERTMAN, ERROL |
| STREET ADDRESS | 6441 AVENIDA DE GALVEZ |
| CITY-ST-ZIP | NAVARRE, FL 32566 |
| TITLE | D |
| NAME | HOOVER, ROBB |
| STREET ADDRESS | 13412 TREQARON CIR |
| CITY-ST-ZIP | BELLEVUE, NE 68005 |
| TITLE | V |
| NAME | MCPAHON, RICKY |
| STREET ADDRESS | 14325 ORLANDO RD |
| CITY-ST-ZIP | WARRENTON, VA 20187 |
| TITLE | P |
| NAME | THOMAS, JAMES |
| STREET ADDRESS | 4418 ANCHOR MILL |
| CITY-ST-ZIP | BELLEVUE, NE 68123 |
| TITLE | D |
| NAME | ERNST, WILLIAM H |
| STREET ADDRESS | 410 GREENBRIAR CT |
| CITY-ST-ZIP | BELLEVUE, NE 68005 |
| TITLE | S |
| NAME | MOORE, MAX R. |
| STREET ADDRESS | 201 BASSWOOD COURT |
| CITY-ST-ZIP | BELLEVUE, NE 68005 |

000000789388
 01/22/08-80024-005 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 S Hobertman 15 Jan 08 838 935 5231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #