

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000665

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: THE 55TH STRAT RECON WING ASSOCIATION, INC.

**Current Principal Place of Business:**

6441 AVE DE GALVEZ  
NAVARRE, FL 325668911 US

**New Principal Place of Business:**

**Current Mailing Address:**

6441 AVE DE GALVEZ  
NAVARRE, FL 325668911 US

**New Mailing Address:**

FEI Number: 59-3303017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOBERMAN, ERROL  
6441 AVE DE GALVEZ  
NAVARRE, FL 32566 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 ( ) Delete  
Name: HOBERMAN, ERROL  
Address: 6441 AVENIDA DE GALVEZ  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: HOOVER, ROBB  
Address: 13412 TREQARON CIR  
City-St-Zip: BELLEVUE, NE 68005

Title: V ( ) Delete  
Name: MCMAHON, RICKY  
Address: 14325 ORLANDO RD  
City-St-Zip: WARRENTON, VA 20187

Title: P ( ) Delete  
Name: THOMAS, JAMES  
Address: 4418 ANCHOR MILL  
City-St-Zip: BELLEVUE, NE 68123

Title: D ( ) Delete  
Name: ERNST, WILLIAM H  
Address: 410 GREENBRIAR CT  
City-St-Zip: BELLEVUE, NE 68005

Title: S ( ) Delete  
Name: MOORE, MAX R.  
Address: 201 BASSWOOD COURT  
City-St-Zip: BELLEVUE, NE 68005

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERROL HOBERMAN

T

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date