

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