


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90132 014 \*\*\*\*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**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3303017**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 *Errol Hoberman*      **ERROL HOBERMAN**      **3 MAR 2003**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Errol Hoberman*      **ERROL HOBERMAN**      **3 MAR 2003**

CR2E037 (10/02)