

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000665 (8)

1. Corporation Name

THE 55TH STRAT RECON WING ASSOCIATION, INC.



Principal Place of Business

151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

Mailing Address

151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

3. Date Incorporated or Qualified
02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATERS, CHARLES E
151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HOBERMAN, ERROL
STREET ADDRESS 6690 AVENIDA CODORNIZ
CITY-ST-ZIP NAVARRE FL 32566

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME PIZZO, SAMUEL
1.3 STREET ADDRESS 218 NOTTOWAY DR
1.4 CITY-ST-ZIP MANDEVILLE LA 70448

TITLE D ☒ DELETE
NAME MARKS, JOHN B
STREET ADDRESS 1718 LILI BERRY LANE WEST
CITY-ST-ZIP NICEVILLE FL 32578-8740

2.1 TITLE VP/D ☐ Change ☒ Addition
2.2 NAME HOOVER, ROBB
2.3 STREET ADDRESS 3308 LYNNWOOD DR
2.4 CITY-ST-ZIP BELLEVUE NE 68123

TITLE D ☐ DELETE
NAME WATERS, CHARLES E
STREET ADDRESS 151 CALHOUN AVENUE, UNIT 507
CITY-ST-ZIP DESTIN FL 32541

3.1 TITLE S/D ☐ Change ☒ Addition
3.2 NAME OLMSTEAD, BRUCE
3.3 STREET ADDRESS 3707 THOMAS POINT RD
3.4 CITY-ST-ZIP ANNAPOLIS MD 21403

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME MOORE, MAX R.
4.3 STREET ADDRESS 201 BASSWOOD COURT
4.4 CITY-ST-ZIP BELLEVUE NE 68005

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D/T ☒ Change ☐ Addition
5.2 NAME WATERS, CHARLES E
5.3 STREET ADDRESS 151 CALHOUN AVE UNIT 507
5.4 CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles E Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96
Date

904-837-6891
Daytime Phone #

CR2E037 (12/95)