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FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32541-1562

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

02/07/1996

4. FEI Number

59-3303017

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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

TITLE D ☐ DELETENAME HOBERMAN, ERROL
STREET ADDRESS 6890 AVENIDA CODORNIZ
CITY-ST-ZIP NAVARRE FL 32568TITLE VPD ☐ DELETENAME HOOVER, ROBB
STREET ADDRESS 3308 LYNNWOOD DRIVE
CITY-ST-ZIP BELLEVUE NETITLE D ☐ DELETENAME WATERS, CHARLES E
STREET ADDRESS 151 CALHOUN AVENUE, UNIT 507
CITY-ST-ZIP DESTIN FL 32541TITLE PD ☒ DELETENAME PIZZO, SAMUEL
STREET ADDRESS 218 NOTTOWAY DRIVE
CITY-ST-ZIP MANDEVILLE LATITLE SD ☒ DELETENAME OLMSTEAD, BRUCE
STREET ADDRESS 3707 THOMAS POINT ROAD
CITY-ST-ZIP ANNAPOLIS MDTITLE D ☐ DELETENAME MOORE, MAX R.
STREET ADDRESS 201 BASSWOOD COURT
CITY-ST-ZIP BELLEVUE NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR
PIZZO, SAMUEL
218 NOTTOWAY DR
MANDEVILLE, LAS.D.
WHITE, BENJAMIN L
BOX 2406 OCEAN SANDS
COROLLA, N.C. 27927ER P.D.
ERNEST, WILLIAM H
410 GREENBRIAR CT
BELLEVUE NE 68005

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

904-837-6891

Date

Daytime Phone # 0073668

CFR2E037 (9/96)