


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 029 ****61.25

DOCUMENT # N95000000665							
1. Entity Name THE 55TH STRAT RECON WING ASSOCIATION, INC.							
Principal Place of Business 6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US			Mailing Address 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 <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HOBERMAN, ERROL 6441 AVE DE GALVEZ NAVARRE, FL 32566			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HOBERMAN, ERROL		NAME				
STREET ADDRESS	6441 AVENIDA DE GALVEZ		STREET ADDRESS				
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HOOVER, ROBB		NAME				
STREET ADDRESS	13412 TREQARON CIR		STREET ADDRESS				
CITY-ST-ZIP	BELLEVUE, NE 68005		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WATERS, CHARLES E		NAME				
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507		STREET ADDRESS				
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PIZZO, SAMUEL		NAME	PRESIDENT			
STREET ADDRESS	218 NOTTOWAY DRIVE		STREET ADDRESS	WILLIAM			
CITY-ST-ZIP	MANDEVILLE, LA 70471		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	WHITE BENJAMIN L.		NAME	PRESIDENT			
STREET ADDRESS	BOX 2408 OCAN SANDS		STREET ADDRESS	WILLIAM H. ERNST			
CITY-ST-ZIP	COROLLA, NC		CITY-ST-ZIP	410 GREENBRIAR CT			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MOORE, MAX R.		NAME	BELLEVUE, NE 68005			
STREET ADDRESS	201 BASSWOOD COURT		STREET ADDRESS				
CITY-ST-ZIP	BELLEVUE, NE 68005		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 <i>Errol S Hoberman</i>		ERROL S HOBERMAN		Jan 04 850 939 5231			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			