


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000000665 1. Entity Name THE 55TH STRAT RECON WING ASSOCIATION, INC.	
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Principal Place of Business 6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US	Mailing Address 6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 HOBBERMAN, ERROL 6441 AVE DE GALVEZ NAVARRE, FL 32566
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**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBBERMAN, ERROL 6441 AVENIDA DE GALVEZ NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, ROBB 13412 TREQARON CIR BELLEVUE, NE 68005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, RICKY 14325 ORLANDO RD WARRENTON, VA 20187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, JAMES 4418 ANCHOR MILL BELLEVUE, NE 68123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, WILLIAM H 410 GREENBRIAR CT BELLEVUE, NE 68005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, MAX R. 201 BASSWOOD COURT BELLEVUE, NE 68005

000000789388
01/22/08-80024-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jan 08 838 935 5231

Date

Daytime Phone #