


**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

CHECK HERE IF MAKING CHANGES

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

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



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

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)