

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001692

FILED
Apr 14, 2008
Secretary of State

Entity Name: SOUTHWEST FLORIDA HONOR FLIGHT, INC.

Current Principal Place of Business:

2280 AARON STREET
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

23264 OLEAN BLVD
PORT CHARLOTTE, FL 33980

Current Mailing Address:

2280 AARON STREET
PORT CHARLOTTE, FL 33952

New Mailing Address:

22364 OLEAN BLVD
PORT CHARLOTTE, FL 33980

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VECOLI, DONALD T
23264 OLEAN BLVD.
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VECOLI, DONALD T
Address: 23264 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: V () Delete
Name: BARRETT, JAMES A
Address: 566 LAUREL AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: TAYLOR, SHARIANNE
Address: 4505 MELBOURNE ST.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: POLLACK, GLORIA
Address: 23493 TABER AVE
City-St-Zip: PORT CHARLOTTE,, FL 33954

Title: D () Change (X) Addition
Name: D'APRILE, THOMAS C
Address: 18500 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE,, FL 33948

Title: D () Change (X) Addition
Name: FRATTARELLI, RICHARD
Address: 6356 SWISS BLVD
City-St-Zip: PUNTA GORDA,, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD T. VECOLI

P

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date