

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001692

**Entity Name:** SOUTHWEST FLORIDA HONOR FLIGHT, INC.**Current Principal Place of Business:**5350 DESOTO RD #1319  
SARASOTA, FL 34235**Current Mailing Address:**POST OFFICE BOX 495065  
PORT CHARLOTTE, FL 33949 US**FEI Number:** 75-3262246**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COPELAND, NAOMI PRESIDENT  
5350 DESOTO RD #1319  
SARASOTA, FL 34235 US*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:** NAOMI D. COPELAND

03/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name COPELAND, NAOMI  
Address 5800 BAYSHORE RD.  
LBR 154  
City-State-Zip: SARASOTA FL 34243

Title TREASURER  
Name KENTER, HENDRIK  
Address 146 SALEM AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title AT LARGE  
Name BAGIARDI, SONIA  
Address PO BOX 495065  
City-State-Zip: PORT CHARLOTTE FL 33949

Title MEDICAL DIRECTOR  
Name WASHINGTON, ALEX  
Address PO BOX 495065  
City-State-Zip: PORT CHARLOTTE FL 33949

Title SECRETARY  
Name SMITH, BERNADETTE  
Address PO BOX 495065  
City-State-Zip: PORT CHARLOTTE FL 33949

Title AT LARGE MEMBER  
Name WARNER, LYNN  
Address PO BOX 495065  
City-State-Zip: PORT CHARLOTTE FL 33949

Title AT LARGE  
Name SWEENEY, SANDI  
Address PO BOX 495065  
City-State-Zip: PORT CHARLOTTE FL 33949

Title AT LARGE  
Name PROYECT, STEVE  
Address PO BOX 495065  
City-State-Zip: PORT CHARLOTTE FL 33949

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*I hereby 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 all other like empowered.*

**SIGNATURE:** NAOMI D. COPELAND

PRESIDENT

03/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	AT LARGE
Name	OATES, ALICIA
Address	PO BOX 495065
City-State-Zip:	PORT CHARLOTTE FL 33949