

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001692

Entity Name: SOUTHWEST FLORIDA HONOR FLIGHT, INC.**Current Principal Place of Business:**5350 DESOTO RD #1330
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 #1330
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****01/29/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COPELAND, NAOMI
Address 5350 DESOTO RD
#1330
City-State-Zip: SARASOTA FL 34235

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 HALE, LEE
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 COPELAND**PRESIDENT****01/29/2024**

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