

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007080

Entity Name: AIR FORCE ENLISTED VILLAGE, INC.**Current Principal Place of Business:**92 SUNSET LANE
SHALIMAR, FL 32579**Current Mailing Address:**92 SUNSET LANE
SHALIMAR, FL 32579 US**FEI Number: 23-7078212****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	MCLEAN, BROOKE P MR.
Address	92 SUNSET LANE
City-State-Zip:	SHALIMAR FL 32579

Title	DC
Name	CRUTCHFIELD, JULIA I DR.
Address	2448 WHISPERING PINES BLVD
City-State-Zip:	NAVARRE FL 32566

Title	VC
Name	MARKIN, JOSEPH D.
Address	6780 EAST BAY BLVD
City-State-Zip:	NAVARRE FL 32566

Title	CFOT
Name	LUTYENS, SANDY
Address	2701 ROSEMONT DR.
City-State-Zip:	NAVARRE FL 32566

Title	SECRETARY
Name	BROWN, ALEXIA
Address	410 WALTERS CIRCLE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	COO
Name	TURNER, BILL
Address	92 SUNSET LANE
City-State-Zip:	SHALIMAR FL 32579

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: SANDY LUTYENS**CFOT****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date