2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2025
Secretary of State
3858369938CC

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Entity Name: SPACE COAST HONOR FLIGHT INC.

Current Principal Place of Business:

6477 FLAMINGO RD.
MELBOURNE VILLAGE, FL 32904

Current Mailing Address:

PO BOX 560975
ROCKLEDGE, FL 32956 US

FEI Number: 27-4628283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENO-MAXNER, TERI
6477 FLAMINGO RD.
MELBOURNE VILLAGE, FL 32904 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	DIRECTOR, VIDEOGRAPHER
Name	SEILER, LOUIS
Address	2822 ENGLEWOOD DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR, BUGLER
Name	SCALES, EDWARD
Address	400 ARROWHEAD TRAIL
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR, PROGRAMS
Name	CHRISTMAN, ROBERT
Address	4044 PRESERVATION CIR
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR, VETERAN COORDINATOR
Name	SUZOR, PAULA
Address	940 BOLTON PLACE
City-State-Zip:	ROCKLEDGE FL 32955

Title	TREASURER
Name	ENO, TERI
Address	6477 FLAMINGO RD.
City-State-Zip:	MELBOURNE VILLAGE FL 32904

Title	PRESIDENT
Name	HART, JAMES
Address	130 OCEAN SPRAY CT.
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR, VETERAN COORDINATOR
Name	SUZOR, TED
Address	940 BOLTON PLACE
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR, OPERATIONS
Name	THERRIEN, ANTHONY
Address	2790 PINE LILY LANE
City-State-Zip:	COCOA FL 32926

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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: AARON J PEACOCK SECRETARY 02/09/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, FUNDRAISING
Name	TATE, CHRISTINE
Address	7 INDIAN RIVER AVE #403
City-State-Zip:	TITUSVILLE FL 32796

Title	SECRETARY
Name	PEACOCK, AARON JOSEPH
Address	PO BOX 560975
City-State-Zip:	ROCKLEDGE FL 32956

Title	DIRECTOR, VETERAN LIAISON
Name	SNYDER, STEPHEN
Address	985 PALM BROOK DR
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR, GUARDIAN COORDINATOR
Name	DUGAN, WILLIAM
Address	PO BOX 560975
City-State-Zip:	ROCKLEDGE FL 32956

Title	DIRECTOR, FUNDRAISING
Name	JOHNSON, NEAL
Address	2491 CROOKED ANTLER DR
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR, OPERATIONS
Name	CALLAN, KEVIN
Address	PO BOX 560975
City-State-Zip:	ROCKLEDGE FL 32956

Title	DIRECTOR, PROGRAMS
Name	EDWARDS, HORACE
Address	PO BOX 560975
City-State-Zip:	ROCKLEDGE FL 32956

Title	DIRECTOR, PROGRAMS
Name	MERLET, EDDY
Address	3316 LAKEVIEW CIRCLE
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR, GUARDIAN COORDINATOR
Name	DUGAN, LORENA
Address	PO BOX 560975
City-State-Zip:	ROCKLEDGE FL 32956

Title	DIRECTOR, OPERATIONS
Name	SHARPE, JUDITH
Address	2352 GREAT BELT CIRCLE
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR, VOLUNTEER COORDINATOR
Name	KNIGHT, ERICA
Address	5350 WILD CINNAMON DR
City-State-Zip:	MELBOURNE FL 32940