

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000513

Entity Name: SPACE COAST HONOR FLIGHT INC.**Current Principal Place of Business:**406 ORMOND DRIVE
INDIALANTIC, FL 32903**Current Mailing Address:**PO BOX 560975
ROCKLEDGE, FL 32956**FEI Number:** 27-4628283**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ENO-MAXNER, TERI
406 ORMOND DRIVE
INDIALANTIC, FL 32903 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	PRESIDENT
Name	WELSER, WILLIAM III
Address	3133 CELINA LA
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR
Name	OLSON, SUZANNE
Address	7113 HALLECK ST.
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	OLSON, TIMOTHY A
Address	7113 HALLECK ST.
City-State-Zip:	MELBOURNE FL 32940

Title	SECRETARY
Name	LAMBERT, MARCIA
Address	8200 ORANGE AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	WELSER, SUSAN
Address	3133 CELINA LANE
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR
Name	SEILER, LOUIS
Address	2822 ENGLEWOOD DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	TREASURER
Name	ENO-MAXNER, TERI
Address	800 S. RIVERSIDE DRIVE
City-State-Zip:	INDIALANTIC FL 32903

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

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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: TERI ENO-MAXNER**TREASURER****02/07/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TATE, CHRISTINE
Address 1635 BANANA DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name GLASS, STUART
Address 132 MIAMI AVE.
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name BREYER, SHEILA
Address 178 MARTESIA WAY
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title DIRECTOR
Name GLASS, LINDA
Address 132 MIAMI AVE.
City-State-Zip: INDIALANTIC FL 32903

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

Title DIRECTOR
Name KAUFMAN, NICOLA
Address 25 S. FERNWOOD DR.
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name NEDERHOED, JOHN
Address 425 MERMAID COVE
City-State-Zip: PATRICK AFB FL 32925

Title DIRECTOR
Name ESTERLINE, JACQUIE
Address 1881 LAMEQUE ST. NW
City-State-Zip: PALM BAY FL 32907

Title DIRECTOR
Name IRELAND, VICTORIA
Address 5781 HERONS LANDING DR.
City-State-Zip: VIERA FL 32955

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

Title DIRECTOR
Name SNYDER, STEPHEN
Address 985 PALM BROOK DR.
City-State-Zip: MELBOURNE FL 32904