## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000513

Entity Name: SPACE COAST HONOR FLIGHT INC.

FILED
Mar 26, 2021
Secretary of State
8411534401CC

**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:

TitleDIRECTORTitleTREASURERNameSEILER, LOUISNameENO, TERI

Address 2822 ENGLEWOOD DRIVE Address 6477 FLAMINGO RD.

City-State-Zip: MELBOURNE FL 32940 City-State-Zip: MELBOURNE VILLAGE FL 32904

TitleDIRECTORTitlePRESIDENTNameSCALES, EDWARDNameHART, JAMES

Address 400 ARROWHEAD TRAIL Address 130 OCEAN SPRAY CT.

City-State-Zip: VERO BEACH FL 32963 City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR Title DIRECTOR

Name CHRISTMAN, ROBERT Name JENNINGS, MAXINE
Address 4044 PRESERVATION CIR Address P.O. BOX 410337

City-State-Zip: MELBOURNE FL 32934 City-State-Zip: MELBOURNE FL 32941

Title DIRECTOR Title DIRECTOR

NameWEILER, PHILNameCONN, KIMBERLYAddress6243 THAMES PLACEAddress5826 62ND LANE

City-State-Zip: VERO BEACH FL 32966 City-State-Zip: VERO BEACH FL 32967

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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** 

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name SUZOR, TED

Address 940 BOLTON PLACE
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name DUGAN, DAVID

Address 1150 CONTINENTAL AVE.

City-State-Zip: VIERA FL 32940

Title DIRECTOR

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

Title DIRECTOR

Name JENNINGS, MAXINE Address P.O. BOX 410337

City-State-Zip: MELBOURNE FL 32941

Title DIRECTOR

Name TATE, CHRISTINE

Address 7 INDIAN RIVER AVE #403 City-State-Zip: TITUSVILLE FL 32796 Title DIRECTOR

Name SUZOR, PAULA

Address 940 BOLTON PLACE

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name DUGAN, LORENA

Address 1150 CONTINENTAL AVE.

City-State-Zip: VIERA FL 32940

Title SECRETARY
Name JACOBS, SHERRY
Address 117 DRAGONFLY DR.
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name COX, CATHY

Address 1312 CONTINENTAL AVE.
City-State-Zip: MELBOURNE FL 32940