

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000510

**Entity Name:** HONOR FLIGHT TALLAHASSEE, INC.**Current Principal Place of Business:**911 EASTERWOOD DRIVE  
TALLAHASSEE, FL 32311**Current Mailing Address:**P.O. BOX 12033  
TALLAHASSEE, FL 32317 US**FEI Number:** 45-4310842**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEMP, MALCOLM  
911 EASTERWOOD DRIVE  
TALLAHASSEE, FL 32311 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:** MALCOLM KEMP

04/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name KEMP, MALCOLM  
Address 911 EASTERWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

Title VC  
Name NAPIER, TOM  
Address P. O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name SANDERS, JOE  
Address P.O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY  
Name QUILLIN, TOM  
Address P.O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name FORTUNE, JAMIE  
Address P.O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name MOHR, CHARLES G  
Address P.O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name WOOD, MIKE  
Address P.O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name MOORE, KAREN  
Address P.O. BOX 12033  
City-State-Zip: TALLAHASSEE FL 32317

**Continues on page 2**

*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:** JOE SANDERS

TREASURER

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 HART, JIM  
Address               P.O. BOX 12033  
City-State-Zip:     TALLAHASSEE FL 32317

Title                 DIRECTOR  
Name                 MURRAY, STEVE  
Address               P.O. BOX 12033  
City-State-Zip:     TALLAHASSEE FL 32317