

2017 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

03/22/2017

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

03/22/2017

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 YOUMANS, LAURA
Address P.O. BOX 12033
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name FORSTHOEFEL, MICHAEL DR.
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

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