

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1300000010

Entity Name: HONOR-RELEASE-RETURN, INC.

Current Principal Place of Business:

3818 LITCHFIELD LOOP
LAKE WALES, FL 33859

Current Mailing Address:

3818 LITCHFIELD LOOP
LAKE WALES, FL 33859

FEI Number: 46-1736136

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOYER, JAMES L
3818 LITCHFIELD LOOP
LAKE WALES, FL 33859 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	CHAIRMAN
Name	MOYER, JAMES L
Address	3818 LITCHFIELD LOOP
City-State-Zip:	LAKE WALES FL 33859
Title	VC
Name	MULSAND, LOU
Address	10809 SALLINGS ROAD
City-State-Zip:	KNOXVILLE TN 37922
Title	DIRECTOR
Name	SCHANTAG, MARY
Address	PO BOX 68 302 WALNUT
City-State-Zip:	SKIDMORE MO 64487-0068
Title	DIRECTOR
Name	MILLER, ROBERT
Address	679 SILVERCREEK DRIVE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	CHAIRMAN
Name	OUSLEY, ROBERT
Address	503 HUNTING HILLS DRIVE
City-State-Zip:	MOUNT JULIET TN 37122
Title	TREASURER
Name	MOYER, VIRGINIA D
Address	3818 LITCHFIELD LOOP
City-State-Zip:	LAKE WALES FL 33859
Title	DIRECTOR
Name	YARSINSKE, AMY
Address	PO BOX 6651
City-State-Zip:	NORFORK VA 23508-6061
Title	DIRECTOR
Name	ZIMMERLEE, JOHN
Address	3342 BRICKLEY LANE
City-State-Zip:	MARIETTA GA 30068

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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: JAMES L. MOYER

CHAIRMAN

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUFFINE, ED
Address 6816 SW BAYWOOD DRIVE
City-State-Zip: LAWRON OK 73505

Title DIRECTOR
Name PERERSON, MARK
Address 440 CHINQUAPIN
City-State-Zip: CHRISTIANBURG VA

Title DIRECTOR
Name BLASSIE, PATRICIA
Address 416 SAWTOOTH G
City-State-Zip: KATHLEEN GA 31047