


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004277 (8)**

1. Corporation Name  
**THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WING S FRATERNITY, INC.**



Principal Place of Business <b>1460 47TH AVENUE NORTH EAST ST. PETERSBURG FL 33703</b>	Mailing Address <b>1460 47TH AVENUE NORTH EAST ST. PETERSBURG FL 33703-4114</b>
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3. Date Incorporated or Qualified <b>09/07/1995</b>	3a. Date of Last Report <b>05/22/1996</b>
4. FEI Number <b>59-3347255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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**9. Name and Address of Current Registered Agent**

**MORRIS, RICHARD F  
1460 47TH AVENUE NORTH EAST  
ST. PETERSBURG FL 33703**

**10. Name and Address of New Registered Agent**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, RICHARD F	
STREET ADDRESS	1460 47TH AVENUE NORTH EAST	
CITY - ST - ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, THEODORE	
STREET ADDRESS	4809 DEL RIO WAY	
CITY - ST - ZIP	GULFPORT FL 33711	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GANTER, GORDON	
STREET ADDRESS	123 MCMULLEN BOOTH ROAD SOUTH #142	
CITY - ST - ZIP	CLEARWATER FL 34619	
TITLE	<del>VP PRES.</del>	<input type="checkbox"/> DELETE
NAME	PAYTON, SOPHIA M	
STREET ADDRESS	1621 GULF BOULEVARD #1501	
CITY - ST - ZIP	CLEARWATER FL 34630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	VICE PRES P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MERLYN FRANCK	
1.3 STREET ADDRESS	93 OAKWOOD DR	
1.4 CITY - ST - ZIP	ZUNEDIN FL 34698	
2.1 TITLE	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALBERT SELBY	
2.3 STREET ADDRESS	5217 81ST ST N	
2.4 CITY - ST - ZIP	ST PETERSBURG FL 33709	
3.1 TITLE	PRES. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sophia M Payton	
3.3 STREET ADDRESS	1621 Gulf Boulevard #1501	
3.4 CITY - ST - ZIP	Clearwater FL 34630	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 10 MAY 97 797-7250  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone # 0049969

CR2E037 (9/96)