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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90224 008 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000004277**

1. Corporation Name

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

Principal Place of Business

1621 GULF BLVD., #1501  
 CLEARWATER FL 33767-2966

Mailing Address

1621 GULF BLVD., #1501  
 CLEARWATER FL 33767-2966



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/07/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3347255	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SOPHIA M PAYTON  
 1621 GULF BLVD., #1501  
 CLEARWATER FL 33767-2966

10. Name and Address of New Registered Agent

81	Name	LESTER W. LONG	
82	Street Address (P.O. Box Number is Not Acceptable)	7001 7TH AVE. W.	
83			
84	City	BRADENTON	FL
85	Zip Code	34209	

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: [Signature] **LESTER W LONG** DATE: **1/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPHIA M PAYTON	1.2 NAME	Robert A. Melcher
STREET ADDRESS	1621 GULF BLVD., #1501	1.3 STREET ADDRESS	8280 61ST NORTH
CITY-ST-ZIP	CLEARWATER FL 33767-2966	1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	VP/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLYN FRANCK	2.2 NAME	JOHN H. WILKE
STREET ADDRESS	93 OAKWOOD DR	2.3 STREET ADDRESS	424 LAZY LAKE DRIVE W.
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	LAKELAND FL, 33801-6404
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANTER, GORDON	3.2 NAME	LESTER W. LONG
STREET ADDRESS	123 MCMULLEN BOOTH ROAD SOUTH #142	3.3 STREET ADDRESS	7001 7TH AVE. W.
CITY-ST-ZIP	CLEARWATER FL 34619	3.4 CITY-ST-ZIP	BRADENTON FL 34209-3411
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL SELBY	4.2 NAME	SOPHIA M. PAYTON
STREET ADDRESS	5217 81ST ST N	4.3 STREET ADDRESS	1621 GULF BLVD #1501
CITY-ST-ZIP	ST PETERSBURG FL 33709	4.4 CITY-ST-ZIP	CLEARWATER FL 33767-2966
TITLE	S/D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JOHN H WILKE	5.2 NAME	
STREET ADDRESS	2808 N FLORIDA AVE., #98	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805-0900	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] **LESTER W. LONG** DATE: **1/20/99**

CR2E037 (11/98)