


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004277					
1. Entity Name THE FLORIDA GULF COAST CHAPTER OF THE SILVER WINGS 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		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3347255	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LONG, LESTER W 7001 7TH AVE WEST BRADENTON FL 34209			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FRANCK, MERLYN 93 OAKWOOD DRIVE DUNEDIN FL 34698-8217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000048464 02/12/04-80081-014 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LONG, LESTER W 7001 7TH AVE WEST BRADENTON FL 34209-3411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PAYTON, SOPHIA M 162 GULF BLVD. #1501 CLEARWATER FL 33767-2966	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MCLAUGHLIN, JOHN 13300 INDIAN ROCKS RD S #604 LARGO FL 33774-2008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYTON, SOPHIA M 1621 GULF BLVD #501 CLEARWATER FL 33767-2966	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda E. Branch 7 FEB'04 712-733-4257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #