


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004277 1. Entity Name THE FLORIDA GULFCOAST 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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3347255				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, RICHARD F 2231 BROOKFIELD GREENS CIR SUN CITY CENTER FL 33573			7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	P/D <input type="checkbox"/> Delete		TITLE		
NAME	MORRIS, RICHARD F		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2231 BROOKFIELD GREENS CIR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		U00000622959
					02/13/07-80047-013 61.25
TITLE	S/D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, MARA		NAME		
STREET ADDRESS	1599 SAN CHRISTOPER DR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	T/D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, SOPHIA M		NAME		
STREET ADDRESS	162 GULF BLVD. #1501		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767-2966		CITY-ST-ZIP		
TITLE	VP/D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, JOHN		NAME		
STREET ADDRESS	13300 INDIAN ROCKS RD S #604		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774-2008		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, SOPHIA M		NAME		
STREET ADDRESS	1621 GULF BLVD #501		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767-2966		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sophia M. Payton* **SOPHIA M. PAYTON** 2-3-07 727 596-4540