

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90439 044 ****61.25

0032759

DOCUMENT # N99000000670

1. Entity Name
SILVER WINGS FRATERNITY PALM BEACH CHAPTER, INC.

Principal Place of Business 1030 U.S. HIGHWAY 1 #214 NORTH PALM BEACH FL 33408	Mailing Address 1030 U.S. HIGHWAY 1 #214 NORTH PALM BEACH FL 33408
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2. Principal Place of Business 132 S. ANCHORAGE DR. Suite, Apt. #, etc.	3. Mailing Address 132 S. ANCHORAGE DR. Suite, Apt. #, etc.
City & State NORTH PALM BEACH, FL.	City & State NORTH PALM BEACH, FL.
Zip 33408	Country USA
Zip 33408	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0889030		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 MOONEY, JOHN 132 S. ANCHORAGE DRIVE NORTH PALM BEACH FL 33408		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.

SIGNATURE *J. Mooney* s/t DATE 3 APRIL 2002
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP DAVIS, JUNE 250 VIA BELLARIA PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHUCK SCHOOLEY 7572 HAWKS LANDING DR. WEST PALM BEACH, FL. 33412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP NILSON, ROBERT 1030 U.S. HIGHWAY 1 #214 NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JOHN MOONEY 132 S. ANCHORAGE DR. NORTH PALM BEACH, FL. 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNT, JACK 327 SOUTHWIND DRIVE # 307 NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK MOUHOT 2633 LANTANA ROAD #2 LANTANA, FL. 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARERRO-ZIEL, MYRIAM 4386 GARDENIA WEST PALM BEACH FL 33410 <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
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)(l), 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: *J. Mooney* s/t DATE: 3 APRIL 2002 (561) 863-7512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)