


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000670</b> 1. Entity Name <b>SILVER WINGS FRATERNITY PALM BEACH CHAPTER, INC.</b>					
Principal Place of Business <b>132 S ANCHORAGE DR NORTH PALM BEACH FL 33408</b>		Mailing Address <b>132 S ANCHORAGE DR NORTH PALM BEACH FL 33408</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0889030</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOONEY, JOHN 132 S. ANCHORAGE DRIVE NORTH PALM BEACH FL 33408</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, JUNE</b>		NAME	000000201405 01/28/05-80064-023 61.25	
STREET ADDRESS	<b>250 VIA BELLARIA</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PALM BEACH FL 33480</b>		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHOOLEY, CHUCK</b>		NAME	000000201405 01/28/05-80064-023 61.25	
STREET ADDRESS	<b>7572 HAWKS LANDING DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33412</b>		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOONEY, JOHN</b>		NAME	000000201405 01/28/05-80064-023 61.25	
STREET ADDRESS	<b>132 S ANCHORAGE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NORTH PALM BEACH FL 33408</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARERRO-ZIEL, MYRIAM</b>		NAME	000000201405 01/28/05-80064-023 61.25	
STREET ADDRESS	<b>4386 GARDENIA</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33410</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOUHOT, DICK</b>		NAME	000000201405 01/28/05-80064-023 61.25	
STREET ADDRESS	<b>2633 LANTANA ROAD #2</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>LANTANA FL 33462</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	000000201405 01/28/05-80064-023 61.25	
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 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:** *John P. Mooney (ST)* 26 JAN. 2005 (561) 863-7512  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #