

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

0010570

08-08-2003 90092 050 ****61.25

DOCUMENT # **N99000000670**

1. Entity Name

SILVER WINGS FRATERNITY PALM BEACH CHAPTER, INC.



Principal Place of Business

**132 S ANCHORAGE DR
NORTH PALM BEACH FL 33408**

Mailing Address

**132 S ANCHORAGE DR
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0889030**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOONEY, JOHN
132 S. ANCHORAGE DRIVE
NORTH PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	D	<input type="checkbox"/> Delete
NAME	DAVIS, JUNE	
STREET ADDRESS	250 VIA BELLARIA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHOOLEY, CHUCK	
STREET ADDRESS	7572 HAWKS LANDING DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOONEY, JOHN	
STREET ADDRESS	132 S ANCHORAGE DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARERRO-ZIEL, MYRIAM	
STREET ADDRESS	4386 GARDENIA	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUHOT, DICK	
STREET ADDRESS	2633 LANTANA ROAD #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Mooney* **SIGNATURE JOHN MOONEY (ST) 8-06-03 (561) 863-7512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)