


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morihara Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004277 (8)					
1. Corporation Name THE FLORIDA GULF COAST CHAPTER OF THE SILVER WINGS FRATERNITY, INC.					
Principal Place of Business 1460 47th Ave. North East St. Petersburg, FL 33703			Mailing Address 1460 47th Ave., NE St. Petersburg, FL 33703		
2. Principal Place of Business 21 1621 Gulf Blvd., Suite, Apt. #, etc. #1501		2a. Mailing Address 26 1621 Gulf Blvd., Suite, Apt. #, etc. #1501		3. Date Incorporated or Qualified 9/7/95	
22 City & State Clearwater, FL		27 City & State Clearwater, FL		4. FEI Number 59-3347255	
23 Zip 33767-2966		28 Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33767-2966		25 Country Pinellas		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent Morris, Richard F. 1460 47th Avenue North East St. Petersburg FL 33703			10. Name and Address of New Registered Agent 81 Name Sophia M. Payton 82 Street Address (P.O. Box Number is Not Acceptable) 1621 Gulf Blvd., #1501 83 84 City Clearwater FL 85 Zip Code 33767-2966		
11. Pursuant to the provisions of Sections 617.0503 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <u>Sophia M. Payton</u> DATE <u>3-31-98</u>					
12. OFFICERS AND DIRECTORS					
TITLE President NAME Sophia M. Payton P D STREET ADDRESS 1621 Gulf Blvd., #1501 CITY-ST-ZIP Clearwater, FL 33767-2966		<input checked="" type="checkbox"/> DELETE			
TITLE Vice President NAME Marilyn Frank VP D STREET ADDRESS 93 Oakwood Dr. CITY-ST-ZIP Dunedin, FL 34698		<input checked="" type="checkbox"/> DELETE			
TITLE Secretary NAME Gordon Carter S STREET ADDRESS 123 McMullen Booth Rd., S. #142 CITY-ST-ZIP Clearwater, FL 34619		<input checked="" type="checkbox"/> DELETE			
TITLE Treasurer NAME Al Selby T D STREET ADDRESS 5217 81st St. N. CITY-ST-ZIP St. Petersburg, FL 33709		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John H. Wilke S D 2808 N. Florida Ave., #98 Lakeland, FL 33805-0900			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002513936 -05/06/98--01105--002 ***61.25			
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <u>Sophia M. Payton</u> DATE: <u>3-31-98</u> (813) 586-4590					

CR2E037 (10/97)