

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90224 008 ****61.25

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1. Corporation Name

THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WING
S 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/07/1995

4. FEI Number

59-3347255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOPHIA M PAYTON
1621 GULF BLVD., #1501
CLEARWATER FL 33767-2966

10. Name and Address of New Registered Agent

81 Name LESTER W. LONG
82 Street Address (P.O. Box Number is Not Acceptable)
7001 7TH AVE. W.
83
84 City BRADENTON FL 85 Zip Code 34209

11. Pursuant to the provisions of Sections 617.0502 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 *[Signature]*
Signature, typed or printed name of registered agent and if applicable.

LESTER W LONG

1/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME SOPHIA M PAYTON
STREET ADDRESS 1621 GULF BLVD., #1501
CITY-ST-ZIP CLEARWATER FL 33767-2966

TITLE VP/D
NAME MERLYN FRANCK
STREET ADDRESS 93 OAKWOOD DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE S
NAME GANTER, GORDON
STREET ADDRESS 123 MCMULLEN BOOTH ROAD SOUTH #142
CITY-ST-ZIP CLEARWATER FL 34619

TITLE T/D
NAME AL SELBY
STREET ADDRESS 5217 81ST ST N
CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE S/D
NAME JOHN H WILKE
STREET ADDRESS 2808 N FLORIDA AVE., #98
CITY-ST-ZIP LAKELAND FL 33805-0900

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Robert A. Melcher
1.3 STREET ADDRESS 8280 61ST NORTH
1.4 CITY-ST-ZIP PINELLAS PARK, FL 33781

2.1 TITLE VP/D
2.2 NAME JOHN H. WILKE
2.3 STREET ADDRESS 424 LAZY LAKE DRIVE W.
2.4 CITY-ST-ZIP LAKELAND FL, 33801-6404

3.1 TITLE S/D
3.2 NAME LESTER W. LONG
3.3 STREET ADDRESS 7001 7TH AVE. W.
3.4 CITY-ST-ZIP BRADENTON FL 34209-3411

4.1 TITLE D
4.2 NAME SOPHIA M. PAYTON
4.3 STREET ADDRESS 1621 GULF BLVD #1501
4.4 CITY-ST-ZIP CLEARWATER FL 33767-2966

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature] LESTER W. LONG 1/20/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)