

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

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90218 010 ****61.25

DOCUMENT # N95000004277
 1. Entity Name
THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WINGS FRATERNITY, INC.



Principal Place of Business Mailing Address
 1621 GULF BLVD., #1501 CLEARWATER FL 33767-2966
 1621 GULF BLVD., #1501 CLEARWATER FL 33767-2966

50019787



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3347255** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LONG, LESTER W
7001 7TH AVE WEST
BRADENTON FL 34209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	FRANCK, MERLYN	
STREET ADDRESS	93 OAKWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698-8217	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	LONG, LESTER W	
STREET ADDRESS	7001 7TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209-3411	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	PAYTON, SOPHIA M	
STREET ADDRESS	162 GULF BLVD. #1501	
CITY-ST-ZIP	CLEARWATER FL 33767-2966	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JOHN	
STREET ADDRESS	13300 INDIAN ROCKS RD S #604	
CITY-ST-ZIP	LARGO FL 33774-2008	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYTON, SOPHIA M	
STREET ADDRESS	1621 GULF BLVD #501	
CITY-ST-ZIP	CLEARWATER FL 33767-2966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard F. Morris	
STREET ADDRESS	2231 Brookfield Greens Circle	
CITY-ST-ZIP	Sun City Center, FL. 33573	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mara Hendrix	
STREET ADDRESS	1599 San Christopher Drive	
CITY-ST-ZIP	Dunedin, FL. 34698	
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: *Richard F. Morris* **Richard F. Morris** *2/21/05* **(813)634-1368**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #