



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 045 ****61.25

DOCUMENT # N95000004277 1. Entity Name THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WINGS FRATERNITY, INC.					
Principal Place of Business 1621 GULFBLVD, # 1501 CLEARWATER FL 33767-2966		Mailing Address 1621 GULFBLVD, # 1501 CLEARWATER FL 33767-2966		40017030 	
2. Principal Place of Business		3. Mailing Address		01152006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3347255	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LONG, LESTER W 7001-7TH AVE WEST BRADENTON, FL 34209				Name <u>MORRIS, RICHARD F.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2231 BROOKFIELD GREENS CIR</u> City <u>SUN CITY CENTER FL</u> Zip Code <u>33573</u>	
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 <u>Richard F. Morris</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>2-20-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, RICHARD F			NAME	
STREET ADDRESS	2231 BROOKFIELD GREENS CIR			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
TITLE	S/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, MARA			NAME	
STREET ADDRESS	1599 SAN CHRISTOPHER DR			STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698			CITY-ST-ZIP	
TITLE	T/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, SOPHIA M			NAME	
STREET ADDRESS	162 GULF BLVD. #1501			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 337672966			CITY-ST-ZIP	
TITLE	VP/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, JOHN			NAME	
STREET ADDRESS	13300 INDIAN ROCKS RD S #604			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 337742008			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, SOPHIA M			NAME	
STREET ADDRESS	1621 GULF BLVD #501			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 337672966			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
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 exemptions contained in Chapter 119, 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: <u>Sophia M. Payton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2-20-06</u> 727-596-4540 <small>Date Daytime Phone #</small>	