

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004277

**Entity Name:** THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WINGS FRATERNITY, INC.

**FILED**  
**Jan 25, 2020**  
**Secretary of State**  
**2063218483CC**

**Current Principal Place of Business:**

4202 W. EL PRADO BLVD.  
TAMPA, FL 33629

**Current Mailing Address:**

4202 W. EL PRADO BLVD.  
TAMPA, FL 33629 US

**FEI Number: 59-3347255**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHNSTON, JR, WILMER A  
4202 W. EL PRADO BLVD.  
TAMPA, FL 33629 US

*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.*

SIGNATURE: WILMER A. JOHNSTON, JR.

01/25/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name GIBSON, BOB  
Address 2374 WIND GAP PLACE  
City-State-Zip: CLEARWATER FL 33765-1742

Title VP  
Name PORTER, JAMES M  
Address P O BOX 14753  
City-State-Zip: CLEARWATER FL 33766

Title T/D  
Name JOHNSTON, WILMER AJR  
Address 4202 W. EL PRADO BLVD.  
City-State-Zip: TAMPA FL 33629

Title SECRETARY  
Name DESTEFANO, JUDITH  
Address 3723 FLORAMAR TER  
City-State-Zip: NEW PORT RICHEY FL 34652-3155

Title DIRECTOR  
Name MCCARTHY, JAMES F  
Address 4328 AUSTON WAY  
City-State-Zip: PALM HARBOR FL 34685

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: JAMES F MCCARTHY

DIRECTOR

01/25/2020

Electronic Signature of Signing Officer/Director Detail

Date