

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