2002 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2002 8:00 am § Secretary of State DOCUMENT # N00000006216 EMERALD COAST CHAPTER OF SILVER WINGS FRATERNITY 05-09-2002 90063 021 ****61.25 Principal Place of Business Mailing Address 3722 DE LOACH ST. 3722 DE LOACH ST. PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address PEBBLE BEACH PEBBLE BEACH DP Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 3HALIMAR 59-3686913 SHALIMAR Not Applicable 325 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3*>5*79 ∪≾⊭ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERT BORCHIK WALLS, JAMES M Street Address (P.O. Box Number is Not Acceptable PEBBLE 3722 DE LOACH ST. PENSACOLA FL 32514 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. SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **▼** Delete TITLE Change Addition NAME WALLS, JAMES M BORCHIK, ALBERTS JR NAME STREET ADDRESS 3722 DELOACH ST. 31 PEBBLE BEACH DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP SHALIMAR FL 32579 TITLE Delete TITLE Change ☐ Addition NAME Borchik, Jr, Albert S JOHNSON, ARDELL K NAME STREET ADDRESS 31 PEBBLE BEACH DR. 4104 LODGWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP GULF BREEZE, FI 32561 TITLE SD Delete TITLE Change Change ☐ Addition NAME GRIFFITH, RICHARD S NAME BAKER WALTER STREET ADDRESS 2760 SEMORAN CIR. 2960 RANCHETTE DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE Delete TITHE Change ☐ Addition NAME MCGOUN, BOB NAME STREET ADDRESS 194 S. CAMPBELLTON LN. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP ☐ Delete TITLE ☐ Change **Addition** NAME waus James M. STREET ADDRESS 3722 DELOACH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: