

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 050 ****61.25

DOCUMENT # N00000006216

1. Entity Name

**EMERALD COAST CHAPTER OF SILVER WINGS
FRATERNITY, INC.**



Principal Place of Business

**31 PEBBLE BEACH DR
SHALIMAR FL 32579**

Mailing Address

**31 PEBBLE BEACH DR
SHALIMAR FL 32579**

2. Principal Place of Business

194 CAMPBELLTON LANE

Suite, Apt. #, etc.

3. Mailing Address

194 CAMPBELLTON LANE

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

PENSACOLA, FL

Zip

32506

Country

City & State

PENSACOLA, FL

Zip

32506

Country

4. FEI Number

59-3686913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**JOHNSON, ARDELL K
4104 LONGWOOD CIR
GULF BREEZE FL 32563-8500**

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

Ardele K Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BORCHIK, ALBERT S JR
31 PEBBLE BEACH DR
SHALIMAR FL 32579** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD JOHNSON, ARDELL K
4104 LONGWOOD CIR
GULF BREEZE FL 32563-8500** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD BAKER, WALTER
2960 RANCHETTE DR
GULF BREEZE FL 32563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD MCGOWN, BOB
194 S. CAMPBELLTON LN.
PENSACOLA FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD KINMAN, BRUCE
4177 DANAMAR DR
PENSACOLA FL 32504** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D JAMES E. VON LORENZ
50 ARAPAHO DR.
PENSACOLA, FL 32507** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD KINMAN, BRUCE
4177 DANAMAR DR.
PENSACOLA FL 32504** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD JOHNSON, ARDELL K
4104 LONGWOOD CIR
GULF BREEZE, FL 32563-8500** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: TD ROBERT (BOB) MCGOWN *Robert McGown* **2-24-04 (850) 456-2878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #