

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90090 043 ****61.25

DOCUMENT # N00000006216 1. Entity Name EMERALD COAST CHAPTER OF SILVER WINGS FRATERNITY, INC.					
Principal Place of Business 194 CAMPBELLTON LANE PENSACOLA, FL 32506			Mailing Address 194 CAMPBELLTON LANE PENSACOLA, FL 32506		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3686913				Applied For <input type="checkbox"/> Not Applicable	
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		
JOHNSON, ARDELL K 4104 LONGWOOD CIR GULF BREEZE, FL 32563-8500 			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE 2-1-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VON LORENZ, JAMES E		NAME		
STREET ADDRESS	50 ARAPAHO DR.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINMAN, BRUCE		NAME	JOHNSON, ARDELL K	
STREET ADDRESS	4177 DANAMAR DR.		STREET ADDRESS	4104 LONGWOOD CIR	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	GULF BREEZE, FL 325638500	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, WALTER		NAME		
STREET ADDRESS	2960 RANCHETTE DR		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOWN, BOB		NAME		
STREET ADDRESS	194 S. CAMPBELLTON LN.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ARDELL K		NAME	KINMAN, BRUCE	
STREET ADDRESS	4104 LONGWOOD CIR		STREET ADDRESS	4177 DANAMAR DR.	
CITY-ST-ZIP	GULF BREEZE, FL 325638500		CITY-ST-ZIP	PENSACOLA, FL 32504	
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 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: ROBERT (BOB) MCGOWN 2-3-2005 (950) 456-2078 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					