


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90133 036 \*\*\*\*61.25

<b>DOCUMENT # N00000006216</b> 1. Entity Name <b>EMERALD COAST CHAPTER OF SILVER WINGS FRATERNITY, INC.</b>					
Principal Place of Business <b>194 CAMPBELLTON LANE PENSACOLA, FL 32506</b>				Mailing Address <b>194 CAMPBELLTON LANE PENSACOLA, FL 32506</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOHNSON, ARDELL K 4104 LONGWOOD CIR GULF BREEZE, FL 32563-8500</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <u>ARDELL K. JOHNSON</u> <u>Ardele K Johnson</u> <u>03/27/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VON LORENZ, JAMES E 50 ARAPAHO DR. PENSACOLA, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MCGOWN, (BOB) ROBERT 194 S. CAMPBELLTON LN. PENSACOLA, FL 32506</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KINMAN, BRUCE 4177 DANAMAR DR. PENSACOLA, FL 32504</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BAKER, WALTER 2960 RANCHETTE DR. GULF BREEZE, FL 32563</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAKER, WALTER 2960 RANCHETTE DR GULF BREEZE, FL 32563</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KINMAN, BRUCE 4177 DANAMAR DR. PENSACOLA, FL 32504</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MCGOWN, BOB 194 S. CAMPBELLTON LN. PENSACOLA, FL 32506</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONALD FERGUSON 9250 AILERON AVE. PENSACOLA, FL 32506</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHNSON, ARDELL K 4104 LONGWOOD CIR GULF BREEZE, FL 325638500</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert K. McGown</u> <u>03/27/2006</u> <u>(850) 261-1194</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3686913**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**