


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90016 036 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122007 Chg-NP CR2E037 (12/06)

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 JOHNSON, ARDELL K 4104 LONGWOOD CIR GULF BREEZE, FL 32563-8500		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Johnson*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGOUN, ROBERT 194 S CAMPBELLTON LN PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VON LORENZ, JAMES 50 ARAPAHO DR. PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, WALTER 2960 RANCHETTE DR GULF BREEZE, FL 32563 <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	D KINMAN, BRUCE 4177 DANAMAR DR PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WALLS, JAMES 3722 DELOACH ST. PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DONALD 9750 AILERON AVE PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VEASEY, JAMES 7848 BAY MEADOWS DR. PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ARDELL K 4104 LONGWOOD CIR GULF BREEZE, FL 325638500 <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: *Robert D. McGoun* 02-19-2007 (850) 456-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #