

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90180 022 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3686913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

10100117



6. Name and Address of Current Registered Agent

**BORCHIK, ALBERT S JR  
31 PEBBLE BEACH DR  
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name

**JOHNSON, ARDELL K**

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

**4104 Longwood Circle**

City

**GULF BREEZE FL**

Zip Code

**32563-8560**

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 - ARDELL K. JOHNSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW: FEE IS \$61.25**

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

TITLE **VD** ☒ Delete  
NAME **JOHNSON, ARDELL K**  
STREET ADDRESS **4104 LONGWOOD CIR**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

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

TITLE **D** ☒ Delete  
NAME **WALLS, JAMES M**  
STREET ADDRESS **3722 BELOACH ST**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **JOHNSON, ARDELL K.**  
STREET ADDRESS **4104 Longwood Cir**  
CITY-ST-ZIP **GULF BREEZE, FL 32563-8560**

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

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

TITLE **TD** ☒ Change ☐ Addition  
NAME **MCGOUN, Bob.**  
STREET ADDRESS **194 S CAMPBELLTON, LN**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **D** ☒ Change ☐ Addition  
NAME **BORCHIK ALBERT S JR.**  
STREET ADDRESS **31 PEBBLE BEACH DR**  
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Ardele K Johnson**

**4/30/03**

**1-850-934-6261**

CR2E037 (10/02)