

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004277**

1. Entity Name



THE FLORIDA GULFCOAST CHAPTER OF THE SILVER  
WINGS FRATERNITY, INC.

Principal Place of Business

Mailing Address

1621 GULF BLVD., #1501  
CLEARWATER FL 33767-2966

1621 GULF BLVD., #1501  
CLEARWATER FL 33767-2966



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

4. FEI Number

59-3347255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, RICHARD F  
2231 BROOKFIELD GREENS CIR  
SUN CITY CENTER FL 33573

Name

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

City

**FL**

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
P/D MORRIS, RICHARD F ☐ Delete  
STREET ADDRESS  
2231 BROOKFIELD GREENS CIR  
CITY-STATE-ZIP  
SUN CITY CENTER FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
U000000622959  
02/13/07-80047-013 61.25

TITLE  
NAME  
S/D HENDRIX, MARA ☐ Delete  
STREET ADDRESS  
1599 SAN CHRISTOPHER DR  
CITY-STATE-ZIP  
DUNEDIN FL 34698

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

TITLE  
NAME  
T/D PAYTON, SOPHIA M ☐ Delete  
STREET ADDRESS  
162 GULF BLVD. #1501  
CITY-STATE-ZIP  
CLEARWATER FL 33767-2966

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

TITLE  
NAME  
VP/D MCLAUGHLIN, JOHN ☐ Delete  
STREET ADDRESS  
13300 INDIAN ROCKS RD S #604  
CITY-STATE-ZIP  
LARGO FL 33774-2008

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

TITLE  
NAME  
D PAYTON, SOPHIA M ☐ Delete  
STREET ADDRESS  
1621 GULF BLVD #501  
CITY-STATE-ZIP  
CLEARWATER FL 33767-2966

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sophia M. Payton* SOPHIA M. PAYTON 2-3-07 727 596-4540