2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N95000004277

Entity Name: THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WINGS FRATERNITY, INC.

Current Principal Place of Business:

1621 GULF BLVD., #1501
CLEARWATER, FL 337672966

New Principal Place of Business:

Current Mailing Address:

1621 GULF BLVD., #1501
CLEARWATER, FL 337672966

New Mailing Address:

FEI Number: 59-3347255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: MORRIS, RICHARD F
Address: 2231 BROOKFIELD GREENS CIR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S/D ( ) Delete
Name: HENDRIX, MARA
Address: 1599 SAN CHRISTOPER DR
City-St-Zip: DUNEDIN, FL 34698

Title: T/D ( ) Delete
Name: PAYTON, SOPHIA M
Address: 162 GULF BLVD. #1501
City-St-Zip: CLEARWATER, FL 337672966

Title: VP/D ( ) Delete
Name: MCLAUGHLIN, JOHN
Address: 13300 INDIAN ROCKS RD S #604
City-St-Zip: LARGO, FL 337742008

Title: D ( ) Delete
Name: PAYTON, SOPHIA M
Address: 1621 GULF BLVD #501
City-St-Zip: CLEARWATER, FL 337672966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA M. PAYTON TREA 02/14/2009
Electronic Signature of Signing Officer or Director — Date