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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:03

DOCUMENT # N18171 (1)

1. Corporation Name

SPACE COAST MUSTANG CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 867
COCOA FL 32922

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COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1986** 3a. Date of Last Report **03/11/1994**
4. FBI Number **59-3092439** Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, ALAN
1397 ASHFORD AVE
PALM BAY FL 32907

81 Name **Arthur Griffin**
82 Street Address (P.O. Box Number is Not Acceptable) **2556 Sellers Lane**
83
84 City **Melbourne** FL 85 Zip Code **32940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Arthur Griffin**

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

(NOTE: Registered Agent signature required when reappointing)

DATE **3/28/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **MILES, ALAN**
STREET ADDRESS **1397 ASHFORD AVE**
CITY - ST - ZIP **PALM BAY FL**
TITLE **VD**
NAME **WITHERS, MARK**
STREET ADDRESS **831 BERKSHIRE DR**
CITY - ST - ZIP **ROCKLEDGE FL**
TITLE **S**
NAME **WITHERS, SANDY**
STREET ADDRESS **831 BERKSHIRE DR**
CITY - ST - ZIP **ROCKLEDGE FL**
TITLE **T**
NAME **PARKER, LOUISE**
STREET ADDRESS **450 CARRIOCA CT**
CITY - ST - ZIP **MERRITT IS FL**
TITLE **D**
NAME **HEBER, KURT**
STREET ADDRESS **508 TEAL DR**
CITY - ST - ZIP **MELBOURNE FL**
TITLE **D**
NAME **SLIMENT, RONALD**
STREET ADDRESS **1635 KEMBERLY AVE**
CITY - ST - ZIP **TITUSVILLE FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Miles, Alan**
1.3 STREET ADDRESS **1397 Ashford Ave.**
1.4 CITY - ST - ZIP **Palm Bay, FL 32907**
2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Withers, Mark**
2.3 STREET ADDRESS **831 Berkshire Dr**
2.4 CITY - ST - ZIP **Rockledge, FL 32955** ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **Langmaack, Bruce**
4.3 STREET ADDRESS **330 Hickory Ave.**
4.4 CITY - ST - ZIP **Merritt Island, FL 32953**
5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME **McAvey, John**
5.3 STREET ADDRESS **3437 Jay Tee Drive**
5.4 CITY - ST - ZIP **Melbourne, FL 32901**
6.1 TITLE **P** ☐ Change ☒ Addition
6.2 NAME **Griffin, Arthur**
6.3 STREET ADDRESS **2556 Sellers Lane**
6.4 CITY - ST - ZIP **Melbourne, FL 32940**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Arthur Griffin**

Signature and typed or printed name of signing officer or director

DATE **3/28/95**

407-254-7087