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NONPROFIT CORPORATION ANNUAL REPORT



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

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SPACE COAST MUSTANG CLUB, INC.

Principal Place of Business Mailing Address P O BOX 867 P O BOX 867 COCOA FL 32922 COCOA FL 32922 3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1986 04/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3092439 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip32923 Country 8. This corporation has liability for intangible tax under s. 199,032, 32923 29 Yes No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GRIFFIN, ARTHUR** 82 Street Address (P.O. Box Number is Not Acceptable) 2556 SELLER LANE 83 **MELBOURNE FL 32940** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 17.0503. Florida Statutes. ARTHUE G. GRIFFIN, TR (NOTE: Registered Agent signature required when reinstating) llar typed or printed name of registered days and title if DATE (12/95)OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE DIRECTOR Change NAME MILES, ALAN STEWART JONES 1.2 NAME **CR2E037** 1397 ASHFORD AVE STREET ADDRESS 880 HAWAII AVE. NW 1.3 STREET ADDRESS PALM BAY FL PALM BAY, FL 32907 CITY-ST-ZIP 1.4 CITY - S1 - 2IP Addition DELETE ☐ Change TITLE 2.1 TITLE .DIRECTOR ' D WITHERS, MARK NAME JIM CARLTUN 2.2 NAME 831 BERKSHIRE DR 300 AWIN CIRCLE SE STREET ADDRESS 23 STREET ADDRESS ROCKLEDGE FL PALM BAY, FL 32909 CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE SECRETARY WITHERS, SANDY NAME 3 2 NAME BARBARA KING 831 BERKSHIRE DR STREET ADDRESS 838 NELSON NE. NE 3.3 STREET ADDRESS PALM BAY, FL 32907 TREASURER T ROCKLEDGE FL DITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME LANGMAACK, BRUCE LOUISE PARKER 4 2 NAME STREET ADDRESS 330 HICKORY AVE 4.3 STREET ADDRESS 450 CARRIOCA COURT MERRITT IS FL 32453 CITY-ST-ZIP MERRITY ISLAND, FL 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE P Change Addition DIRECTOR MCAVEY, JOHN NAME 5.2 NAME LEONARD WARDMAN STREET ADDRESS 3437 JAY TEE DRIVE 414 FINCH DRIVE 5.3 STREET ADDRESS MELBOURNE FL 5.4 CITY-ST-ZIP ATELLITE BEACH, FL 3 2937 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE DIRECTOR Change DAVID HENRY **GRIFFIN, ARTHUR** NAME 6.2 NAME 2556 SELLERS LANE 515 FALMOUTH AVE. STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 cath; 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 ARTHUR G. GRIFFIN, JR Mar 28/996 407-254-7089