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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N18171 (1)

1. Corporation Name

SPACE COAST MUSTANG CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 867 COCOA FL 32923	P O BOX 867 COCOA FL 32923

3. Date Incorporated or Qualified: 12/10/1986

4. FEI Number: 59-3092439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCAVEY, JOHN
3437 JAY TEE DR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	PARKER, LOUISE		1.2 NAME	Elliot, Charles	
STREET ADDRESS	450 CARRIOCA CT		1.3 STREET ADDRESS	1555 Vega Avenue	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Merritt Island, Florida 32953	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, STEWART		2.2 NAME		
STREET ADDRESS	880 HAWAII AVE NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	CARLTON, JIM		3.2 NAME	Villareal, Al	
STREET ADDRESS	300 AWIN CIR. SE		3.3 STREET ADDRESS	1839 Jacobin Street N.W	
CITY-ST-ZIP	PALM BAY FL 32909		3.4 CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE	S	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	KING, BARBARA		4.2 NAME	Ruddick, Resa	
STREET ADDRESS	838 NELSON AVE NE		4.3 STREET ADDRESS	625 Jackson Court	
CITY-ST-ZIP	PALM BAY FL 32907		4.4 CITY-ST-ZIP	Satellite Beach, Fl. 32937	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCAVEY, JOHN		5.2 NAME		
STREET ADDRESS	3437 JAY TEE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, ARTHUR		6.2 NAME		
STREET ADDRESS	2556 SELLES LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Charles Elliot SIGNATURE REQUIRED Elliot 1-24-98 (407) 264-8145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #