

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90058 023 ****61.25

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DOCUMENT # N18171

1. Corporation Name

SPACE COAST MUSTANG CLUB, INC.

Principal Place of Business

P O BOX 867
COCOA FL 32923

Mailing Address

P O BOX 867
COCOA FL 32923



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **ELLIOT, CHARLES**
STREET ADDRESS **1555 VEGA AVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

D ☐ DELETE

NAME **JONES, STEWART**
STREET ADDRESS **880 HAWAII AVE NW**
CITY-ST-ZIP **PALM BAY FL 32907**

D ☒ DELETE

NAME **VILLARCA, AL**
STREET ADDRESS **1839 JACOBIN ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

S ☐ DELETE

NAME **REDDICK, RESA**
STREET ADDRESS **625 JACKSON CT**
CITY-ST-ZIP **SATELLITE BCH FL 32937**

P ☐ DELETE

NAME **MCAVEY, JOHN**
STREET ADDRESS **3437 JAY TEE DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

D ☐ DELETE

NAME **GRIFFIN, ARTHUR**
STREET ADDRESS **2556 SELLES LN**
CITY-ST-ZIP **MELBOURNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Elliott, Charles**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Heber, Connie**

3.3 STREET ADDRESS **508 Teal Drive**

3.4 CITY-ST-ZIP **Melbourne, Florida 32935**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS **2556 Sellers Lane**

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

(407) 199-6876

Date

Daytime Phone #

CR2E037 (11/98)