

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

06-30-2004 90003 011 *****8.75
08-02-2004 90005 047 *****52.50

DOCUMENT # N18171 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3092439				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN, MCAVEY 3437 JAY TEE DRIVE MELBOURNE FL 32901			7. Name and Address of New Registered Agent Name DAVID J ROE Street Address (P.O. Box Number is Not Acceptable) 311 PALM CT. City INDIALANTIC FL Zip Code 32903		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 3-22-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN, MCAVEY 3437 JAY TEE DRIVE MELBOURNE FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID J ROE 311 PALM CT INDIALANTIC, FL 32903	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, JUSTINE 6980 PLANTATON RD PALM BAY FL 32909	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TED OSTOVICH 216 WATERSIDE DR INDIAN HARBOR BCH FL 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEBER, CONNIE 583 EMPIRE AVE NE PALM BAY FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RONALD TRUNZO 340 DE SOTA PARKWAY SATELLITE BEACH FL 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITTLE, STEVE 992 WINGS POST RD ROCKLEDGE FL 32955	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD SLIMMENT 3745 QUAIL HAVEN DR MIMS, FLORIDA 32754	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, RESA 625 JACKSON CT SATELLITE BEACH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURT HEBER 583 EMPIRE AVE PALM BAY, FL 32907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSTOVICH, TED 216 WATERSIDE DRIVE INDIAN HARBOR BCH FL 32937	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C J AVERY 6617 N. ATLANTIC AVE CAPE CORVICAL FL 32920	☒ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID J ROE (PRES)		Date 3-22-04 Daytime Phone # 321-733-2740	