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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N31195

(3)

EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE

D						
Principal Place	of Business	Mailing Address) fabilitt ada ikitt stat ilbin (ala) mill alaki eksti eksik alaki mini alaik lati
P O BOX 4431		P O BOX 4431				
P. O. BOX 44		P. O. BOX 4431				
FORT WALTO	N BEACH FL 32549	FORT WALTON BEACH US	FL 32549			3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number NOT APPLICABLE Applied For Not Applicable
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	L Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
				"	ivarrie	
SAVOIE, 1110 RIT				82	Street A	Address (P.O. Box Number is Not Acceptable)
NICEVILL	E FL 32578			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 Strature, typed or printed name of registered seent and title if appointment agent agent and title if appointment agent and title if appointment agent agent and title if appointment agent agent and title if appointment agent a						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Ageni	i signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 Ti	TLE		SD XX ^C hange ☐ Addition
NAME	SAVOIE, RON R		1.2 N		1	Cheryl Taylor
STREET ADDRESS	1110 RITA LANE				ADDRESS	402 Jo Ellen Ln.
CITY-ST-ZIP	NICEVILLE FL			ITY-S	1	FT. Walton Beach, Fl. 32548
TITLE	VPD	DELETE	2 1 TI			E XXChange Addition
NAME	WIDEMAN, DAN		22 N	AME		William Taylor
STREET ADDRESS	953 MCFARLAND AVE., #45		235	TREET	ADDRESS	402 Jo Ellen Ln.
CITY-ST-ZIP	FT. WALTON BEACH FL		2.40	ITY-S	ST-ZIP	FT. Walton Beach, Fl. 32548
TITLE	TD	DELETE	3.1 TI	TLE		BM XXChange ☐ Addition
NAME	SAVOIE, DONNA K		3.2 N	AME		Ray Grater
STREET ADDRESS	1110 RITA LANE		3.3 S	TREET	ADDRESS	2 Enda Lane
CITY-ST-ZIP	NICEVILLE FL 32578		3.4. 0	ITY-S	ST-ZIP	Mary Esther, Fl. 32560
TITLE	\$	XX DELETE	4.1 Ti	TLE	Ī	BM Change KAddition
NAME	GAINES, ELIZABETH		4.21	IAME		Douglas Schelich
STREET ADDRESS	406 YANCEY ST		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	··-	4.4 C	TY-S	T-ZIP	FT. Walton Beach, Fl. 32547
TITLE	E	XXDELETE	5.1 T	TLE		BM □ Change XX Addition
NAME	GAINES, ELIZABETH		5.2 N	AME		Diana Weinstock
STREET ADDRESS	406 YANCEY ST		5.3 S	TREET	ADDRESS	792 E. John Sims Pky.
CITY-ST-ZIP	FT. WALTON BEACH FL	Bring			T-ZIP	Niceville, Fl. 32578
TITLE	BM	XX ^{DELETE}	6.1 T			BM Change Addition
NAME	WOODCOCK, JACK		6.2 N			Jesse Goddard
STREET ADDRESS	209 HUDSON CIRCLE		635	TREET	ADDRESS	406 Yancey

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 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLL 3-14-96 904-678-1978

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