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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N31195 (3)
1. Corporation Name
EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE D



Principal Place of Business Mailing Address
P O BOX 4431 P O BOX 4431
P. O. BOX 4431 P. O. BOX 4431
FORT WALTON BEACH FL 32549 FORT WALTON BEACH FL 32549-4431
US US

3. Date Incorporated or Qualified 03/14/1989
3a. Date of Last Report 03/20/1996

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

4. FEI Number NOT APPLICABLE 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SAVOIE, RON R
1110 RITA LANE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent
81 Name William Taylor
82 Street Address (P.O. Box Number is Not Acceptable) 402 Jo Ellen Lane
83
84 City Fort Walton Beach FL 85 Zip Code 32547

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 *William F. Taylor* Signature, typed or printed name of registered agent and title if applicable. *William F. TAYLOR President 24 Feb 97* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAVOIE, RON R	
STREET ADDRESS	1110 RITA LANE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WIDEMAN, DAN	
STREET ADDRESS	953 MCFARLAND AVE., #45	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAVOIE, DONNA K	
STREET ADDRESS	1110 RITA LANE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	SCHELICH, DOUGLAS	
STREET ADDRESS	272 NE BLESSINGER DR	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	WEINSTOCK, DIANA	
STREET ADDRESS	792 E JOHN SIMS PKWY	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	BM	<input checked="" type="checkbox"/> DELETE
NAME	GODDARD, JESSIE	
STREET ADDRESS	406 YANCEY	
CITY-ST-ZIP	FT WALTON EBACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Taylor	
1.3 STREET ADDRESS	402 Jo Ellen Lane	
1.4 CITY-ST-ZIP	Fort Walton Beach, FL. 32547	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joel Herman	
2.3 STREET ADDRESS	42 Holmes Blvd.	
2.4 CITY-ST-ZIP	Fort Walton Beach, FL. 32548	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kenneth Driscoll	
6.3 STREET ADDRESS	208 Oakdale Ave.	
6.4 CITY-ST-ZIP	Mary Esther, FL. 32569	

14. I do 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: *William F. Taylor* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 24 Feb 97 (804) 244-3047

CR2E037 (9/96)