

FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31195 (3)

1. Corporation Name
EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE D



Principal Place of Business P O BOX 4431 P. O. BOX 4431 FORT WALTON BEACH FL 32549 US	Mailing Address P O BOX 4431 P. O. BOX 4431 FORT WALTON BEACH FL 32549 US
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3. Date Incorporated or Qualified 03/14/1989	
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

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

8. Name and Address of Current Registered Agent

**WILLIAM TAYLOR
402 JO ELLEN LANE
FT WALTON BCH FL 32547**

10. Name and Address of New Registered Agent

81 Name RON MARX	
82 Street Address (P.O. Box Number is Not Acceptable) 1510 W. MARIAH WAY	
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 *Ron Marx* **Ron MARX** DATE **3/9/98**

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

12. OFFICERS AND DIRECTORS	
TITLE PD	WILLIAM TAYLOR <input checked="" type="checkbox"/> DELETE
NAME	402 JO ELLEN LANE
STREET ADDRESS	FORT WALTON BCH FL
CITY-ST-ZIP	
TITLE VPD	JOEL HERMAN <input checked="" type="checkbox"/> DELETE
NAME	42ND HOLMES BLVD
STREET ADDRESS	FT. WALTON BEACH FL
CITY-ST-ZIP	
TITLE TD	SAVOIE, DONNA K <input type="checkbox"/> DELETE
NAME	1110 RITA LANE
STREET ADDRESS	NICEVILLE FL
CITY-ST-ZIP	
TITLE BM	SCHELICH, DOUGLAS <input checked="" type="checkbox"/> DELETE
NAME	272 NE BLESSINGER DR
STREET ADDRESS	FT. WALTON BEACH FL
CITY-ST-ZIP	
TITLE BM	WEINSTOCK, DIANA <input checked="" type="checkbox"/> DELETE
NAME	792 E JOHN SIMS PKWY
STREET ADDRESS	NICEVILLE L
CITY-ST-ZIP	
TITLE BM	KENNETH DRISCOLL <input checked="" type="checkbox"/> DELETE
NAME	208 OAKDALE AVE
STREET ADDRESS	MARY ESTHER FL
CITY-ST-ZIP	

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 RON MARX	
1.3 STREET ADDRESS 1510 W. MARIAH WAY	
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 KENNY DRISCOLL	
2.3 STREET ADDRESS 208 OAKDALE AVE.	
2.4 CITY-ST-ZIP MARY ESTHER, FL 32569	
3.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SAME AS BEFORE	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME RON SAVOIE	
4.3 STREET ADDRESS 1110 RITA LANE	
4.4 CITY-ST-ZIP NICEVILLE, FL 32578	
5.1 TITLE BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME WILLIAM TAYLOR	
5.3 STREET ADDRESS 402 JOELLEN LANE	
5.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32547	
6.1 TITLE BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME RAY GRATER	
6.3 STREET ADDRESS ROUTE 3 #2 ENDA LANE	
6.4 CITY-ST-ZIP MARY ESTHER, FL 32569	

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 *Ron Marx* DATE **3/9/98**

CR2E037 (10/97)