


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90041 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31195 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		



2. Principal Place of Business 21 Same as above		2a. Mailing Address 26 Same as above		3. Date incorporated or Qualified 03/14/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARX, RON 1510 W MARIAH WAY FT WALTON BCH FL 32547				81 Name Eric Brawner			
				82 Street Address (P.O. Box Number is Not Acceptable) 17 Bens Lane			
				83			
				84 City Eglin AFB, FL			
85 Zip Code 32542							

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 *Eric A. Brawner* **Eric A. Brawner** DATE **10 FEB 99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MARX, RON 1510 W MARIAH WAY FORT WALTON BCH FL 32547	11 TITLE <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	DRISCOLL, KENNY 208 OAKDALE AVE MARY ESTHER FL 32569	12 NAME President D	Eric Brawner
TITLE TD	SAVOIE, DONNA K 1110 RITA LANE NICEVILLE FL	13 STREET ADDRESS 17 Bens Lane	Eglin AFB, FL 32542
TITLE BM	SAVOIE, RON 1110 RITA LANE NICEVILLE FL 32578	14 CITY-ST-ZIP	32542
TITLE BM	TAYLOR, WILLIAM 402 JOELLEN LANE FORT WALTON BEACH FL 32547	21 TITLE <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BM	GRATER, RAY ROUTE 3 #2 ENDA LANE MARY ESTHER FL 32569	22 NAME VPD	Bill Taylor
		23 STREET ADDRESS 402 Joellen Lane	Fort Walton Beach, FL 32547
		24 CITY-ST-ZIP	32547
		31 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME TD	Donna K. Savoie
		33 STREET ADDRESS 1110 Rita Lane	Niceville, FL 32578
		34 CITY-ST-ZIP	32578
		41 TITLE <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME BM	Chuck Futrell
		43 STREET ADDRESS 12 Second St.	Shalimar, FL 32579
		44 CITY-ST-ZIP	32579
		51 TITLE <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME BM	Diana Weinstock
		53 STREET ADDRESS 792 E. John Sims Pkwy.	Niceville, FL 32578
		54 CITY-ST-ZIP	32578
		61 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME BM	Ray Grater
		63 STREET ADDRESS Route 3 #2 Enda Lane	Mary Esther, FL 32569
		64 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Eric A. Brawner* DATE **10 FEB 99** (850) 651-8916

CR2E037 (1/198)