

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31195**  
 1. Entity Name  
**EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATED**



Principal Place of Business  
**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**



04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HILL, BRIAN  
 4120 BIG BUCK TRAIL  
 CRESTVIEW, FL 32539**

**DO NOT WRITE IN THIS SPACE**

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: *Brian J. Hill* **Brian J. Hill, President ECRM** 26 April 06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000553720  
 05/15/06-80062-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, BRIAN 4120 BIG BUCK TRAIL CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, DOUG 107 22ND STREET NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, SUSAN 4120 BIG BUCK TRAIL CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ZIEL, BILL 218 W. WILSON ST FORT WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, CHERYL 2613 BOBWHITE CIRCLE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GRATER, RAY ROUTE 3 #2 ENDA LANE MARY ESTHER, FL 32569

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brian Hill* **Brian Hill** 4/26/06 850-683-5388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #