


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01-14-2008 90086 015 ****61.25
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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	
2. Principal Place of Business - No P.O. Box # <i>Gary Smith Ford Atn: ECRMC</i>		3. Mailing Address <i>P O Box 4431</i>	
Suite, Apt. #, etc. <i>#1 Deal Parkway</i>		Suite, Apt. #, etc.	
City & State <i>Fort Walton Beach FL</i>		City & State <i>Fort Walton Beach FL</i>	
Zip <i>32548</i>		Country <i>USA</i>	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, BRIAN 4120 BIG BUCK TRAIL CRESTVIEW, FL 32539		7. Name and Address of New Registered Agent Name Brian O'Neil Street Address (P.O. Box Number is Not Acceptable) 7394 Manatee Street City Navarre FL Zip Code 32566	
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 <i>Brian A. O'Neil</i>		Brian O'Neil ECRMC Secretary	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
DATE <i>Jan 6, 2007</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, BRIAN 4120 BIG BUCK TRAIL CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Randall Brown 703 James Court Fort Walton Beach, FL. 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, DOUG 107 22ND STREET NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ray Grater Route 3 #2 Enda Lane Mary Esther, FL. 32569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, SUSAN 4120 BIG BUCK TRAIL CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Brian O'Neil 7394 Manatee St. Navarre, FL. 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ZIEL, BILL 218 W. WILSON ST FORT WALTON BEACH, FL 32549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Edward Keeney 1579 Uenice Ave. Fort Walton Beach, FL. 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, CHERYL 2613 BOBWHITE CIRCLE NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Bill Schinstine 2259 Paloma ST Navarre, FL. 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GRATER, RAY ROUTE 3 #2 ENDA LANE MARY ESTHER, FL 32569 <input type="checkbox"/> Delete <i>B2/12/08</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member David Godoy 7372 Gordon Evans Road Navarre, FL. 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Brian A. O'Neil</i>		Brian A. O'Neil	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Date <i>Jan 6, 2007</i>	
		Daytime Phone # <i>(850) 936-1305</i>	