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Jun 20, 2003 8:00 am
Secretary of State
06-20-2003 90029 003 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31195

1. Entity Name
EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATED

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

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, BRIAN 993 BRINKLEY CT FORT WALTON BEACH FL 32547	Name: Cheryl Lynn Taylor Street Address (P.O. Box Number is Not Acceptable) 2613 Bobwhite Circle 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 Cheryl L. Taylor — 6 April 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $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	BM BRAWNER, ERIC 17 BENS LANE EGLIN AFB FL 32542 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tressie Lewis SD 116 A Oak Dr. Eglin AFB, FL ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, BRIAN 993 BRINKLEY CT FORT WALTON BEACH FL 32547 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michelle Bozeman TD 6 Pryor Rd. Fort Walton Beach, FL 32548 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINSTOCK, DIANA 792 E JOHN SIMS PARKWAY NICEVILLE FL 32578 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ BM Joe Ingarra 849 Blvd DeOrleans BM Mary Esther, FL 32569 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WOODCOCK, JACK 209 HUDSON CIRCLE NICEVILLE FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same BM ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMOS, PAUL 101 HATCHEE RD EGLIN AFB FL 32542 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cheryl Taylor PD 2613 Bobwhite Circle Navarre, FL 32566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GRATER, RAY ROUTE 3 #2 ENDA LANE MARY ESTHER FL 32569 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President VPD ☒ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: [signature] — 06 April 03 — 850-651-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #