

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90090 039 ****61.25

DOCUMENT # 764658

1. Corporation Name

MID-FLORIDA MUSTANG CLUB, INC.

Principal Place of Business

31 OAK HOLLOW DR
APOPKA FL 32712
US

Mailing Address

PO BOX 2426
ORLANDO FL 32802
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/23/1982

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2977608

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOEBEL, LARRY
31 OAK HOLLOW DR
APOPKA FL 32712

(PRES)

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
BETSINGER, RANDY
2819 PEEL AVE
ORLANDO FL 32803

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D V.P.
SMITH, JACK
944 SYLVIA DR
DOLTONA FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
HEFKE, CHRISTINA
2213 WINTER WOODS BLVD
WINTER PARK FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MAUSNER, LARRY
2855 CHAPELWOOD COURT
OVIEDO FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
YBERG, BRUCE
1351 RAVIDA WOODS DR
APOPKA FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HEFKE, DAVID
2213 WINTER WOODS BLVD.
WINTER PARK FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SEC

WILLIAM MOORE

221 CROOKED STICK CT

ORLANDO FL 32828

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIR

RALPH GREENE

1582 NORTHRIDGE LK CIR

ORLANDO FL 32750

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DIR

LARRY FRENCH

2520 ARSLAN ST

DELTONA FL 32738

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DIR

MICHAEL CULVER

2134 RIVER PARK BLVD

ORLANDO FL 32817

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DIR

TONI CHAPA

930 MENDOZA DR

ORLANDO FL 32825

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIR

STEVE CHAPA

930 MENDOZA DR

ORLANDO FL 32825

Change

Addition

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:

CHRISTINA HEFKE, TRUAS. 4-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)