

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759971

Entity Name: MUSTANG CLUB OF TAMPA, INC.**Current Principal Place of Business:**5815 N. DALE MABRY
TAMPA, FL 33614**Current Mailing Address:**P.O. BOX 260711
TAMPA, FL 33685-0711 US**FEI Number:** 26-4658037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARROLL, LUCY
8426 PINEWOOD ST.
TAMPA, FL 33615 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	CARROLL, LUCY
Address	8426 PINEWOOD ST.
City-State-Zip:	TAMPA FL 33615

Title	VPD
Name	MEYER, CHRIS
Address	14610 BRENTWOOD PL
City-State-Zip:	TAMPA FL 33618

Title	SD
Name	BOB, PERRY
Address	6119 CEZANNE AVENUE
City-State-Zip:	LUTZ FL 33558

Title	PD
Name	MORLEY, MARK
Address	10315 SPRINGROSE DR.
City-State-Zip:	TAMPA FL 33626

Title	D
Name	COSSOTA, FRANK
Address	15603 KINGS PKWAY
City-State-Zip:	TAMPA FL 33618

Title	D
Name	RILEY, KEVIN
Address	10106 SADLER WAY
City-State-Zip:	TAMPA FL 33626

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCY CARROLL**TREASURER****01/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date