

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31195

**FILED**  
**Jan 18, 2020**  
**Secretary of State**  
**4717997552CC**

**Entity Name:** EMERALD COAST REGIONAL MUSTANG CLUB,  
INCORPORATED

**Current Principal Place of Business:**

GARY SMITH FORD ATTN: ECRMC  
#1 BEAL PARKWAY  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

P O BOX 4431  
FORT WALTON BEACH, FL 32549 US

**FEI Number: 62-1629070**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BRYANT, PATRICIA ANN  
1131 RHONDA DR.  
NICEVILLE, FL 32578 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: PATRICIA A. BRYANT**

**01/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRYANT, JEFF  
Address        1131 RHONDA DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title            VP  
Name            HERBISON, SHARON  
Address        8 FRONT PORCH CIRCLE  
City-State-Zip: NICEVILLE FL 32578

Title            BM  
Name            KERNER, MATT  
Address        2005 EDGEWOOD DR.  
City-State-Zip: NAVARRE FL 32566

Title            S  
Name            KERNER, JENNIFER  
Address        2005 EDGEWOOD DR.  
City-State-Zip: NAVARRE FL 32566

Title            BM  
Name            FUTRELL, CHUCK  
Address        12 2ND STREET  
City-State-Zip: SHALIMAR FL 32579

Title            BOARD MEMBER  
Name            BENNETT, JEANNIE  
Address        1010 37TH STREET  
City-State-Zip: NICEVILLE FL 32578

Title            T  
Name            BRYANT, PATRICIA  
Address        1131 RHONDA DR.  
City-State-Zip: NICEVILLE FL 32578

Title            BM  
Name            SAMPSON, JACK  
Address        106 CRYSTAL LAKE LANE  
City-State-Zip: NICEVILLE FL 32578

**Continues on page 2**

*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: PATRICIA BRYANT**

**TREASURER**

**01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BM  
Name HALL, RON JR.  
Address 9828 MISTY MEADOW LANE  
City-State-Zip: NAVARRE FL 32566