2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2007 8:00 am Secretary of State **DOCUMENT # 717122** 1. Entity Name 05-09-2007 90092 031 ****61.25 MUSTANG QUARTERBACK CLUB, INC. Principal Place of Business Mailing Address 100 MUSTANG WAY P.O. BOX 233 MERRITT ISLAND FL 32953-3150 MERRTITT ISLAND FL 32954-0233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 23-7335349 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNES, W D 4940 RALPH'S LANE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32953 Zip Code 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 Signature, typed or printed name of fegistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. THIE me President Change 4 Addition Tom Sisserson 2130 S. Courteray PRWY Merritt Island, FC 32952 NAME KENNEDY, WILLIAM NAME STREET ADDRESS 6785 S TROPICAL TRAIL STREET ADDRESS CITY - ST- ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TOTE TITLE ☐ Change ☐ Delete ☐ Addition NAME PFEIFFER, PAUL E JR. NAME STREET ADDRESS 80 LURA LN STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 President HILE TiiLi Addition ☐ Change VD NAME NAME BROWN, WILLIAM STREET ADDRESS STREET ADDRESS 1378 SANIBEL LANE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 mu TITUE SD ☐ Addition NAME KRAFT, MARY NAME STREET ADDRESS STREET ADDRESS 1420 S. HARBOR DRIVE wo Daks CITY-ST-ZIP CITY-SI-ZIP MERRITT ISLAND FL 32952 HUE THE Delete ■ Addition NAME BEAL, ALAN NAME STREET ADDRESS 555 BELLE CAPRI RD STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 TITLE Delete HUE ☐ Change Addition NAME FRIEL, PAUL NAME STREET ADDRESS STREET ADDRESS 1430 GLEN HAVEN DRIVE CHY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952

FILED

SIGNATURE: SIGNATURE: Part E. Pfeiffer Jr. 4/2367 321-453-1616

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 pther like empowered.