2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# 717122

Entity Name: MUSTANG QUARTERBACK CLUB, INC.

Current Principal Place of Business:

100 MUSTANG WAY
MERRITT ISLAND, FL 329533150

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 233
MERRTITT ISLAND, FL 329540233

New Mailing Address:

FEI Number: 23-7335349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, W D
4940 RALPH'S LANE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SISSORSON, TOM
Address: 2130 S. CONTERAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: PFEIFFER, PAUL E JR.
Address: 80 LURA LN
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD ( ) Delete
Name: CHAPUT, JOE
Address: 2090 MONA COURT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S ( ) Delete
Name: BOWER, KARA
Address: 1185 TWO OAKS BLVD.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: BEAL, ALAN
Address: 555 BELLE CAPRI RD
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SISSORSON, TOM
Address: 2130 S. CONTERAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: IAPICCO, STEVE
Address: 1565 MARS ST.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD (X) Change ( ) Addition
Name: WILLIAMS, MIKE
Address: 482 WATERSIDE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL E. PFEIFFER JR. TD 02/08/2009
Electronic Signature of Signing Officer or Director — Date