# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 24, 2006 8:00 am**
**Secretary of State**
07-24-2006 90005 007 ****61.25

DOCUMENT # 752126

1. Entity Name
GULF COAST REGIONAL MUSTANG CLUB, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 18084<br>PENSACOLA, FL 32523 | PO BOX 18084<br>PENSACOLA, FL 32523 US |

07072006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3008559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GROSS, TERENCE A<br>917 N. PALAFOX<br>PENSACOLA, FL 32501 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KIRBY, NICK<br>36220 BOYKIN BLVD<br>LILLIAN, AL 36549 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FOWLER, MARCUS A<br>3915 TOM LANE DRIVE<br>PENSACOLA, FL 32504 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>JONES, MICHAEL<br>8500 8MILE CREEK RD<br>PENSACOLA, FL 32526 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>JONES, SUSAN<br>3741 COTTON WOOD LANE<br>PENSACOLA, FL 32534 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>JONES, SUSAN<br>8500 8MILE CREEK RD<br>PENSACOLA, FL 32526 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LINN, JAMES H<br>400 BUXTON WAY<br>CANTONMENT, FL 32533 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCNEAL, BOB<br>8833 FOWLER AVE<br>PENSACOLA, FL 32534 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARLISLE, DONNIE<br>10596 COUNTY ROAD 99<br>LILLIAN, AL 36549 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEMOTTS, BRUCE W<br>827 BAYCLIFF ROAD<br>GULF BREEZE, FL 32561 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEADER, LAMARR<br>3855 WINSOR CASTLE BLVD<br>MILTON, FL 32583 | ☐ Change ☒ Addition |

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

**SIGNATURE:** James H Linn JAMES H LINN 7-19-06 850-968-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #