

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

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759971**

1. Entity Name

MUSTANG CLUB OF TAMPA, INC.



Principal Place of Business

P.O. BOX 260711  
TAMPA FL 33685-0711

Mailing Address

P.O. BOX 260711  
TAMPA FL 33685-0711



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

26-4658037

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

CARROLL, LUCY  
8426 PINWOOD ST.  
TAMPA FL 33615

Name

Street Address (P O Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CARROLL, LUCY	
STREET ADDRESS	8426 PINWOOD ST.	
CITY- ST- ZIP	TAMPA FL 33615	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORLEY, MARK	
STREET ADDRESS	10315 SPRINGROSSE DR.	
CITY- ST- ZIP	TAMPA FL 33626	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEYER, CHRIS	
STREET ADDRESS	14610 BRENTWOOD PL	
CITY- ST- ZIP	TAMPA FL 33618	

TITLE	D	<input type="checkbox"/> Delete
NAME	COSSOTA, FRANK	
STREET ADDRESS	15603 KINGS PKWAY	
CITY- ST- ZIP	TAMPA FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	POWELL, JONATHON	
STREET ADDRESS	1600 VILLA CAPRI CRL	
CITY- ST- ZIP	ODESSA FL 33556	

TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, KEVIN	
STREET ADDRESS	10106 SADLER WAY	
CITY- ST- ZIP	TAMPA FL 33626	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000644466	
CITY- ST- ZIP	03/02/07-80042-023 61.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		

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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 other like empowered.

SIGNATURE: *Lucy M. Carroll*

*Lucy M. Carroll 2/20/07 (813) 884-8736*