

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
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**



01312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CARROLL, LUCY
8426 PINWOOD ST.
TAMPA, FL 33615**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARROLL, LUCY 8426 PINWOOD ST. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORLEY, MARK 10315 SPRINGROSSE DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MEYER, CHRIS 14610 BRENTWOOD PL TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSSOTA, FRANK 15603 KINGS PKWAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POWELL, JONATHON 1800 VILLA CAPRI CRL ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RILEY, KEVIN 10106 SADLER WAY TAMPA, FL 33626

000000815481
02/14/08-80011-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lucy Carroll* **LUCY CARROLL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08
Date

(813) 884-8736
Daytime Phone #