

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759971

FILED
Jan 15, 2009
Secretary of State

Entity Name: MUSTANG CLUB OF TAMPA, INC.

Current Principal Place of Business:

P.O. BOX 260711
TAMPA, FL 336850711

New Principal Place of Business:

5815 N. DALE MABRY
TAMPA, FL 33614 US

Current Mailing Address:

P.O. BOX 260711
TAMPA, FL 336850711

New Mailing Address:

P.O. BOX 260711
TAMPA, FL 336850711 US

FEI Number: 26-4658037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, LUCY
8426 PINEWOOD ST.
TAMPA, FL 33615 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: TD () Delete
Name: CARROLL, LUCY
Address: 8426 PINEWOOD ST.
City-St-Zip: TAMPA, FL 33615

Title: PD () Delete
Name: MORLEY, MARK
Address: 10315 SPRINGROSSE DR.
City-St-Zip: TAMPA, FL 33626

Title: VPD () Delete
Name: MEYER, CHRIS
Address: 14610 BRENTWOOD PL
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: COSSOTA, FRANK
Address: 15603 KINGS PKWAY
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: POWELL, JONATHON
Address: 1600 VILLA CAPRI CRL
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: RILEY, KEVIN
Address: 10106 SADLER WAY
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change () Addition
Name: DEMAREST, MARK
Address: 15918 SORAWATER DR
City-St-Zip: LITHIA, FL 33547

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: LUCY CARROLL

TREA

01/15/2009

Electronic Signature of Signing Officer or Director

Date