

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764658 (1)

1. Corporation Name

MID-FLORIDA MUSTANG CLUB, INC.



Principal Place of Business

130 CAMBRIDGE DR
LONGWOOD FL 32779
US

Mailing Address

130 CAMBRIDGE DR
LONGWOOD FL 32779
US

3. Date Incorporated or Qualified
08/23/1982

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

21 31 OAK HOLLOW DR.

2a. Mailing Address

26 P.O. Box 2426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 APOPKA, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32712

25 ORANGE

29 32802

30 ORANGE

9. Name and Address of Current Registered Agent

ZIMMER, DONALD R
130 CAMBRIDGE DR
LONGWOOD FL 32779

delete

10. Name and Address of New Registered Agent

81 Name LARRY GOEBEL
82 Street Address (P.O. Box Number is Not Acceptable)
31 OAK HOLLOW DRIVE
83 APOPKA, FL 32712
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

LARRY GOEBEL, PRES

4-6-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRAF, SANDI	
STREET ADDRESS	104 HABERSHAM DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAF, RICHARD	
STREET ADDRESS	104 HABERSHAM DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEATON, JEFF	
STREET ADDRESS	1005 FAIRCLOTH COURT	
CITY-ST-ZIP	OVIEDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KLESCHKA, KAY	
STREET ADDRESS	7524 SNYDER DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMER, DONALD R.	
STREET ADDRESS	130 CAMBRIDGE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAIN, JACK	
STREET ADDRESS	6901 SWAIN ROAD	
CITY-ST-ZIP	SORRENTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUNNY ROBERTS	
1.3 STREET ADDRESS	23 TERESA COURT	
1.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
2.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TODD MORRIS	
2.3 STREET ADDRESS	1524 COUGAR CT	
2.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
3.1 TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHRISTINA HEFKE	
3.3 STREET ADDRESS	2213 WINTER WOODS BLVD.	
3.4 CITY-ST-ZIP	WINTER PARK FL 32792	
4.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LARRY MAUSNER	
4.3 STREET ADDRESS	2855 CHAPELWOOD CT.	
4.4 CITY-ST-ZIP	OVIEDO FL 32765	
5.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MATT MICHAELS	
5.3 STREET ADDRESS	6839 BONNIE CT.	
5.4 CITY-ST-ZIP	ST. CLOUD, FL 34771	
6.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JACK SMITH	
6.3 STREET ADDRESS	944 SYLVIN DR.	
6.4 CITY-ST-ZIP	DELTONA, FL 32725	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY GOEBEL, PRES 4-6-96 236-9657
Date Daytime Phone #

CR2E037 (12/95)