

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

31 OAK HOLLOW DR  
APOPKA FL 32712  
US

Mailing Address

PO BOX 2426  
ORLANDO FL 32802-2426  
US3. Date Incorporated or Qualified  
08/23/19823a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number

59-2977608

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOEBEL, LARRY  
31 OAK HOLLOW DR  
APOPKA FL 32712

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERTS, SONNY	
STREET ADDRESS	42 TERESA COURT 132 S. 4TH ST.	
CITY-ST-ZIP	CASSELBERRY FL LAKE WALKS FL 33853	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, TODD	
STREET ADDRESS	1524 COUGAR COURT	
CITY-ST-ZIP	CASSELBERRY FL	

TITLE	T HEFKE	<input type="checkbox"/> DELETE
NAME	HEFKE, CHRISTINA	
STREET ADDRESS	2213 WINTER WOODS BLVD	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAUSNER, LARRY	
STREET ADDRESS	2855 CHAPELWOOD COURT	
CITY-ST-ZIP	OVIEDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICHAELS, MATT	
STREET ADDRESS	6839 BONNIE COURT	
CITY-ST-ZIP	ST CLOUD FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWAIN, JACK	
STREET ADDRESS	6901 SWAIN ROAD	
CITY-ST-ZIP	SORRENTO FL	

1.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TONI CHAPD	
1.3 STREET ADDRESS	4048 BARNESLEY DR.	
1.4 CITY-ST-ZIP	ORLANDO FL 32812	

2.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK SMITH	
2.3 STREET ADDRESS	944 SYLVIA DR	
2.4 CITY-ST-ZIP	DELTONA FL 32725	

3.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE CULVER	
3.3 STREET ADDRESS	2134 RIVER PARK BLVD	
3.4 CITY-ST-ZIP	ORLANDO FL 32817	

4.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARRY GOEBEL	
4.3 STREET ADDRESS	31 OAK HOLLOW DR	
4.4 CITY-ST-ZIP	APOPKA FL 32712	

5.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRUCE YERGL	
5.3 STREET ADDRESS	1351 KAVIDA WOODS DR	
5.4 CITY-ST-ZIP	APOPKA FL 32703	

6.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID HEFKE	
6.3 STREET ADDRESS	2213 WINTER WOODS BLVD	
6.4 CITY-ST-ZIP	WINTER PARK FL 32792	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

(407)  
678-0536

Daytime Phone # 0018144

CR2E037 (9/96)