

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764658 (1)**  
 1. Corporation Name  
**MID-FLORIDA MUSTANG CLUB, INC.**



Principal Place of Business <b>31 OAK HOLLOW DR APOPKA FL 32712 US</b>	Mailing Address <b>PO BOX 2426 ORLANDO FL 32802 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>08/23/1982</b>
4. FEI Number <b>59-2977608</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GOEBEL, LARRY 31 OAK HOLLOW DR APOPKA FL 32712</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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, PRESIDENT** **4-1-98**  
(Signature, typed, 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	1.1 TITLE	VP
NAME	ROBERTS, SONNY	1.2 NAME	RANDY BETSINGER
STREET ADDRESS	132 S. 47 ST	1.3 STREET ADDRESS	2819 PEBBLE AVE
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	ORLANDO 32803
TITLE	D	2.1 TITLE	D
NAME	SMITH, JACK	2.2 NAME	MICHAEL CULVER
STREET ADDRESS	944 SYLVIA DR	2.3 STREET ADDRESS	2134 RIVER PARK BLVD.
CITY-ST-ZIP	DOLTONA FL	2.4 CITY-ST-ZIP	ORLANDO FL 32817
TITLE	T	3.1 TITLE	S
NAME	HEFKE, CHRISTINA	3.2 NAME	JOAN SMITH
STREET ADDRESS	2213 WINTER WOODS BLVD	3.3 STREET ADDRESS	944 SYLVIA DR
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	D	4.1 TITLE	D
NAME	MAUSNER, LARRY	4.2 NAME	NEAL FRANKLIN
STREET ADDRESS	2855 CHAPELWOOD COURT	4.3 STREET ADDRESS	7602 MISTLETOE CT.
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	ORLANDO 32807
TITLE	D	5.1 TITLE	D
NAME	YBERG, BRUCE	5.2 NAME	ANN MARIE McDONALD
STREET ADDRESS	1351 RAVIDA WOODS DR	5.3 STREET ADDRESS	4801 MALARKY ST.
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	D	6.1 TITLE	
NAME	HEFKE, DAVID	6.2 NAME	
STREET ADDRESS	2213 WINTER WOODS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	

14. I 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 any address.

SIGNATURE: *[Signature]* **LARRY GOEBEL, PRESIDENT** **4-1-98 (407)**

CR2E037 (10/97)