

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90025 018 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # 764658 1. Entity Name MID-FLORIDA MUSTANG CLUB, INC. | | | | | |
| Principal Place of Business 31 OAK HOLLOW DR APOPKA, FL 32712 US | | | Mailing Address PO BOX 940894 MAITLAND, FL 32794 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2977608 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GOEBEL, LARRY 31 OAK HOLLOW DR APOPKA, FL 32712 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HRTIZIK, JOAN 418 W. CAROLINE ST TAVARES, FL 32778 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMMONS ROBERT 519 BRIARNWOOD CT ALTAMUNTE SPRGS FL 32714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEIPPERT, CECIL 1120 AUSLEY CIRLE APOPKA, FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, TODD 3802 BRIARWOOD CT. ORLANDO FL 32808 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HEFKE, CHRISTINA 2213 WINTER WOODS BLVD WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEAR, KENNETH 5014 TIMBER RIDGE TR OCOEE FL 34761 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, LESTER 283 PINE CONE DRIVE ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GOEBEL, LARRY 31 OAK HOLLOW DR APOPKA FL 32712 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEAR, CATHERINE P 5014 TIMBER RIDGE TRAIL OCOEE, FL 34761 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREENE, RALPH 1582 NORTHRIDGE LAKE CIRCLE LONGWOOD FL 32750 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEFKE, DAVID 2213 WINTER WOODS BLVD. WINTER PARK, FL 32792 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GREENE, SANDY 1582 NORTHRIDGE LAKE CIRCLE LONGWOOD FL 32750 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. 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 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: <u>Christina Hefke</u> CHRISTINA HEFKE, TREAS. 1-10-05 678-0536 | | | | | |

ATTACHMENT

764658
40000183

DOCUMENT #764658
MID FLORIDA MUSTANG CLUB, INC. 59-2977608

ADDEMDUM
ADDITIONAL DIRECTORS

D
LANE, JAMES
1566 TWIN RIVERS BLVD
OVIEDO FL 32766

D
JENNELLE, STEVE
7159 CROOKED LAKE TRAIL
ORLANDO FL 32818

D
LAWRENCE, JAMES
P. O. BOX 1158
GENEVA FL 32742

D
LAWRENCE, SANDRA
P. O. BOX 1158
GENEVA FL 32742

D
DWYER, JOHN
257 MEADOW BEAUTY TERRACE
SANFORD FL 32772

D
RADFORD, KIM
3207 UTAH DRIVE
DELTONA FL 32738