## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#764658** 

FILED Jul 16, 2008 Secretary of State

Entity Name: MID-FLORIDA MUSTANG CLUB, INC.

Current Principal Place of Business:		New Principal Place of Business:
5014 TIME OCOEE, F	BER RIDGE TRAIL FL 32761 US	
Current Mailing Address:		New Mailing Address:
PO BOX 9 MAITLANI	940894 D, FL 32794 US	
In accordar	r: 59-2977608 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did r	·
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
SETJE, THERESA N 1615 ISON LANE OCOEE, FL 34761 US		CASTELLI, PIA C 2213 WINTER WOODS BLVD. WINTER PARK, FL 32792 US
	e named entity submits this statement for the te of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE: PIA CHRISTINA CASTELLI	07/16/2008
	Electronic Signature of Registered Ag	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete HEFKE, DAVID V 2213 WINTER WOODS BLVD. WINTER PARK, FL 32792 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete DWYER, JOHN 257 MEADOW BEAUTY TERRACE SANFORD, FL 32772 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SEC () Delete LAWRENCE, SANDRA P. O. BOX 1158 GENEVA, FL 32742	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TR () Delete SETJE, THERESA N TREAS 1615 ISON LANE OCOEE, FL 34761	Title: TR (X) Change ( ) Addition Name: CASTELLI, PIA C TREAS Address: 2213 WINTER WOODS BLVD. City-St-Zip: WINTER PARK, FL 32792
Title: Name: Address: City-St-Zip:	PR () Delete WEAR, KENNETH PRES 5014 TIMBER RIDGE TRAIL OCOEE, FL 34761	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address:	VP () Delete LAWRENCE, JAMES VP P O BOX 1158 GENEVA, FL 32742	Title: ( ) Change ( ) Addition Name: Address:

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: PIA CHRISTINA CASTELLI TR 07/16/2008