

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764658

FILED
Mar 12, 2009
Secretary of State

Entity Name: MID-FLORIDA MUSTANG CLUB, INC.

Current Principal Place of Business:

5014 TIMBER RIDGE TRAIL
OCOE, FL 32761 US

New Principal Place of Business:

3756 ALDERGATE PLACE
CASSELBERRY, FL 32707 US

Current Mailing Address:

PO BOX 940894
MAITLAND, FL 32794 US

New Mailing Address:

FEI Number: 59-2977608 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASTELLI, PIA C
2213 WINTER WOODS BLVD.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEFKE, DAVID V
Address: 2213 WINTER WOODS BLVD.
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: DWYER, JOHN
Address: 257 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32772 US

Title: SEC () Delete
Name: LAWRENCE, SANDRA
Address: P. O. BOX 1158
City-St-Zip: GENEVA, FL 32742

Title: TR () Delete
Name: CASTELLI, PIA C TREAS
Address: 2213 WINTER WOODS BLVD.
City-St-Zip: WINTER PARK, FL 32792

Title: PR () Delete
Name: WEAR, KENNETH PRES
Address: 5014 TIMBER RIDGE TRAIL
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: LAWRENCE, JAMES VP
Address: P O BOX 1158
City-St-Zip: GENEVA, FL 32742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PR (X) Change () Addition
Name: STANICH, LORI PRES
Address: 3756 ALDERGATE PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 C. CASTELLI

TR

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date