

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90220 001 ****61.25

DOCUMENT # N03000000339					
1. Entity Name DAYTONA MUSTANG CLUB, INC.					
Principal Place of Business 610 HIDDEN PINES NEW SMYRNA BEACH, FL 32168			Mailing Address P.O. BOX 1205 DAYTONA BEACH, FL 32115-1205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1214058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, DICK 610 HIDDEN PINES NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 P	NAME DEAN, BILL		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 41 OLD CANYON LN	CITY-ST-ZIP ORMOND BEACH, FL 32174			NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME STRAUSS, BETTY		<input type="checkbox"/> Delete	NAME ARMANDA Endle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4 FERNEY TR	CITY-ST-ZIP ORMOND BEACH, FL 32174			STREET ADDRESS 12 Pine Cottage Lane	
TITLE D	NAME YEATS, CINDY		<input type="checkbox"/> Delete	STREET ADDRESS 610 Hidden Pines	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 618 SHERMAN RD	CITY-ST-ZIP SOUTH DAYTONA BEACH, FL 32119			STREET ADDRESS 1910 Smyrna Beach, FL 32168	
TITLE D	NAME STRAUSS, RON		<input type="checkbox"/> Delete	NAME James J. Lori Foreman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4 FERNEY TR	CITY-ST-ZIP ORMOND BEACH, FL 32174			STREET ADDRESS 430 N. Ridgewood Ave	
TITLE D	NAME CASHMAN, STUART		<input type="checkbox"/> Delete	STREET ADDRESS Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2712 TURNBULL ESTATE DR	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168			STREET ADDRESS 12 Cedar Hollow Ct	
TITLE D	NAME KROEGER, EMILY		<input type="checkbox"/> Delete	STREET ADDRESS Palmetto Coast, FL 32131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2401 MAGNOLIA AVE	CITY-ST-ZIP DAYTONA BEACH, FL 321192560				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			4-23-07 386-761-7987		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		