

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 017 ****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			
Zip	Country	Zip	Country	04172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1214058				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P DEAN, BILL 41 OLD CANYON LN ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ed Rippie 6038 Hickory Grove Lane Port Orange, FL 32128
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott Kroeger 2401 Magnolia Avenue South Daytona, FL 32119
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Earl Sault 1335 Shangri-La Drive Daytona Beach, FL 32119
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Krakosky 4243 Hidden Lake Drive Port Orange, FL 32129
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENDLE, ARMANDA 12 PINE COTTAGE LANE PALM COAST, FL 32164	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDAN, DICK 610 HIDDEN PINES NEW SMYRNA BEACH, FL 32168	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIE & LORI, FORESMON 430 N RIDGEWOOD AVE. ORMOND BEACH, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABE & SANDY, BARRETT 12 CEDAR HOLLOU CT. PALM COAST, FL 32137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROEGER, EMILY 2401 MAGNOLIA AVE DAYTONA BEACH, FL 321192560	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-17-2008	Daytime Phone # 386-761-7987