

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000339

FILED
Apr 05, 2009
Secretary of State

Entity Name: DAYTONA MUSTANG CLUB, INC.

Current Principal Place of Business:

610 HIDDEN PINES
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

2401 MAGNOLIA AVENUE
SOUTH DAYTONA, FL 32119

Current Mailing Address:

P.O. BOX 1205
DAYTONA BEACH, FL 321151205

New Mailing Address:

FEI Number: 65-1214058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, DICK
610 HIDDEN PINES
NEW SMYRNA BEACH, FL 32168 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: P () Delete
Name: RIPPLE, ED
Address: 6038 HICKORY GROVE LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: VP () Delete
Name: KROEGER, SCOTT
Address: 2401 MAGNOLIA AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: SAULT, EARL
Address: 1335 SHANGRILA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: KRAKOSKY, ROBERT
Address: 4243 HIDDEN LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: BABE & SANDY, BARRETT
Address: 12 CEDAR HOLLOU CT.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: KROEGER, EMILY
Address: 2401 MAGNOLIA AVE
City-St-Zip: DAYTONA BEACH, FL 321192560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KROEGER, SCOTT
Address: 2401 MAGNOLIA AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VP (X) Change () Addition
Name: RITENOUR, LONNIE
Address: 2219 OLD DIXIE HWY
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: D (X) Change () Addition
Name: MANDT, ROBERT
Address: 89 FALL DRIVE
City-St-Zip: PORT ORANGE, FL 32129

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: EMILY KROEGER

D

04/05/2009

Electronic Signature of Signing Officer or Director

_____ Date