


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90130 010 \*\*\*\*61.25

<b>DOCUMENT # N18171</b>		
1. Entity Name SPACE COAST MUSTANG CLUB, INC.		

Principal Place of Business P O BOX 867 COCOA FL 32923	Mailing Address P O BOX 867 COCOA FL 32923
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3092439</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ROE, DAVID J 311 PALM CT. INDIALANTIC FL 32903		7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> 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 David J Roe  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2-18-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 ROE, DAVID S 311 PALM CT INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSTOVICH, TED 216 WATERSIDE DR. INDIAN HARBOUR BCH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEBER, CONNIE 583 EMPIRE AVE NE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>EARLE J TIMOTHY</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3472 TWELVE OAKS CIR.</u> <u>MERRITT ISLAND, FL 32953</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUNZO, RONALD 340 DIRSOTA PARKWAY SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIMENT, RONALD 3745 QUAIL HAUCN DR MIMS FL 32754 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ROSA CANCRO</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>625 JACKSON CT.</u> <u>SATELLITE BEACH FL 32937</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEBER, KURT 583 EMPIRE AVE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DONALD GOOD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1604 JOLSON CT.</u> <u>MERRITT ISLAND FL 32953</u>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #