

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18171

FILED
Feb 14, 2009
Secretary of State

Entity Name: SPACE COAST MUSTANG CLUB, INC.

Current Principal Place of Business:

P O BOX 867
COCOA, FL 32923

New Principal Place of Business:

1520 BELLVIEW ROAD
COCOA, FL 32922

Current Mailing Address:

P O BOX 867
COCOA, FL 32923

New Mailing Address:

FEI Number: 59-3092439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTOVICH, TED
216 WATERSIDE DR.
INDIAN HARBOR BEACH, FL 32937 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: VP () Delete
Name: REARDON, DENNIS
Address: 3622 EGRET DR.
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: WARDMAN, LEONARD
Address: 419 FINCH DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: OSTOVICH, TED
Address: 216 WATERSIDE DR.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: MCAVEY, JOHN
Address: 2759 LONGWOOD ST.
City-St-Zip: MELBOURNE, FL 32909

Title: D () Delete
Name: DOVE, ROE
Address: 311 PALM CT.
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: GOOD, DONALD
Address: 1604 JOLSON CT
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: WARDMAN, LEONARD
Address: 414 FINCH DR.
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: D (X) Change () Addition
Name: NOVAK, RICHARD
Address: 223 MAYWOOD AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change () Addition
Name: PINCKLEY, ROBERT
Address: 1428 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: PETE, CASE
Address: 2015 MCCAIN LANE
City-St-Zip: MALABAR, FL 32950

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: TED OSTOVICH

D

02/14/2009

Electronic Signature of Signing Officer or Director

Date