

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45899

FILED
Jun 01, 2009
Secretary of State

Entity Name: JACKSONVILLE MUSTANG CLUB INC.

Current Principal Place of Business:

11751 GLACIER BAY DR
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 23546
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-3093890 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOON, ROBERT
7626 WEXFORD CLUB DR E
JACKSONVILLE, FL 32256 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: T () Delete
Name: HUGHES, GARY
Address: 4538 CHARLES BENNETT DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: MCDERMOTT, BILL
Address: 11751 GLACIER BAY DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: NORRIS, DIANE
Address: 1707 HORTON DR
City-St-Zip: ORANGE PARK, FL 32073

Title: CDD () Delete
Name: STARLING, STEVE
Address: 2040 LOUIE CARTER RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Delete
Name: NORRIS, DIANE
Address: 1707 HORTON DR
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: FANELLI, FRANK
Address: 5544 CHAMBERS WAY
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GARY HUGHES

T

06/01/2009

Electronic Signature of Signing Officer or Director

Date