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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49752

(1)

1. Corporation Name

GOLD COAST MUSTANG CLUB, INC.



Principal Place of Business

Mailing Address

**3041 W MCNAB RD
POMPANO BEACH FL 33069**

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POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAMPANELLA, SAMUEL, JR.
10975 NW 5 CT
CORAL SPRINGS FL 33069**

81 Name

Guy A. Gioia

82 Street Address (P.O. Box Number is Not Acceptable)

5239 NW 96 AVE

83

84 City

Sunrise

FL

85 Zip Code

33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **PAMPANELLA, SAMUEL, JR.**
STREET ADDRESS **10975 NW 5 CT**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE **PRES (PD)** ☐ Change ☒ Addition
1.2 NAME **Guy A. Gioia**
1.3 STREET ADDRESS **5239 NW 96 Ave**
1.4 CITY-ST-ZIP **Sunrise FL 33351**

TITLE **VD** ☒ DELETE
NAME **WELCH, ROBERT**
STREET ADDRESS **5900 SW 115 AVE**
CITY-ST-ZIP **COOPER CITY FL**

2.1 TITLE **VICE Pres (VD)** ☐ Change ☒ Addition
2.2 NAME **STEVE HYDE**
2.3 STREET ADDRESS **8114 NW 74 Terr**
2.4 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **STD** ☒ DELETE
NAME **DEBIASE, CHARLES**
STREET ADDRESS **674 NW 111 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL**

3.1 TITLE **TREASURER (TD)** ☐ Change ☒ Addition
3.2 NAME **JOANN ROSS**
3.3 STREET ADDRESS **810 SW 81st Ter**
3.4 CITY-ST-ZIP **N. LAUDERDALE FL 33063**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Secretary (SD)** ☐ Change ☒ Addition
4.2 NAME **Dick Roberts**
4.3 STREET ADDRESS **3861 NW 102 Ave**
4.4 CITY-ST-ZIP **Coconut Springs FL 33065**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy A. Gioia

Date

Daytime Phone #

2-13-96

(954) 749-1980

CR2E037 (12/95)