

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra R. Mortham  
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

3041 W MCNAB RD  
POMPANO BEACH FL 33069-4805

3. Date Incorporated or Qualified  
07/01/1992

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

21 8114 NW 74 TERR

Suite, Apt. #, etc.

22 City & State

23 TAMARAC FL

Zip

24 33521

Country

25 USA

2a. Mailing Address

26 8114 NW 74 TERR

Suite, Apt. #, etc.

27 City & State

28 TAMARAC FL

Zip

29 33521

Country

30 USA

4. FEI Number  
65-0394948

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIOIA, GUY A  
5239 NW 98 AVE  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name STEVEN D. HYDE  
82 Street Address (P.O. Box Number is Not Acceptable)  
8114 NW 74 TERR.  
83  
84 City TAMARAC FL 85 Zip Code 33521

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 *Steven D. Hyde President*

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

NOTE: Registered Agent signature required when reinstating

DATE 2/17/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GIOIA, GUY A  
STREET ADDRESS 5239 NW 98 AVE  
CITY-ST-ZIP SUNRISE AL 33351 ☒ DELETE

TITLE VPD  
NAME HYDE, STEVE  
STREET ADDRESS 8114 NW 74 TERR  
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE TD  
NAME ROSS, JOANN  
STREET ADDRESS 810 SW 81ST TERR  
CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ DELETE

TITLE SD  
NAME ROBERTS, DICK  
STREET ADDRESS 3861 NW 102 AVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT D ☒ Change ☒ Addition  
1.2 NAME HYDE, STEVEN D.  
1.3 STREET ADDRESS 8114 NW 74 TERR  
1.4 CITY-ST-ZIP TAMARAC FL 33521

2.1 TITLE VICE PRESIDENT D ☒ Change ☒ Addition  
2.2 NAME LARRY BEDFORD  
2.3 STREET ADDRESS 8837 NW 14 ST  
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME ROSS, JOANN  
3.3 STREET ADDRESS 810 SW 81ST TERR  
3.4 CITY-ST-ZIP N. LAUDERDALE FL 33068

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME ROBERTS, DICK  
4.3 STREET ADDRESS 3861 NW 102 AVE  
4.4 CITY-ST-ZIP CORAL SPRINGS FL 33065

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

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

14. I do 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 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.

CR2E037 (9/96)