

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90127 038 ****70.00

DOCUMENT # N49752

1. Corporation Name

GOLD COAST MUSTANG CLUB, INC.

Principal Place of Business
GOLD COAST MUSTANG CLUB
P.O. BOX 771091
CORAL SPRINGS FL 33077-1091
US

Mailing Address
GOLD COAST MUSTANG CLUB
P.O. BOX 771091
CORAL SPRINGS FL 33077-1091
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/01/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0394948

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing:
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEDFORD, LARRY
88-37 N.W. 19TH STREET
CORAL SPRINGS FL 33071

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

2-12-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **KOSZO, RICK**
STREET ADDRESS **4291 N. DIXIE HIGHWAY**
CITY-ST-ZIP **POMPANO FL 33064**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **BEDFORD, LARRY**
STREET ADDRESS **8837 NW 19TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T** ☒ DELETE
NAME **STUKE, RON**
STREET ADDRESS **5335 HILLSBORS BLVD. #807**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Wayne Fasanati
4928 Brandywine Dr.
Boca Raton FL 33487

☒ Change ☒ Addition

TITLE **S** ☐ DELETE
NAME **THOSTENSON, DENNY**
STREET ADDRESS **P.O. BOX 1463 N/A**
CITY-ST-ZIP **HOLLYWOOD FL 33022-1463**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Larry Bedford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/99

Date

Daytime Phone #

CR2E037 (11/98)