SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 05/95: $138 (IF DISSOLVED, PURCHASE AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002572 (6)**

1. Corporation Name
MUSTANG BASKETBALL ASSOCIATION INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MERRITT ISLAND HIGH SCHOOL BASKETBALL 100 MUSTANG WAY MERRITT ISLAND FL 32954-2723	P O BOX 54-2723 MERRITT ISLAND FL 32954-2723

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3156172 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HUGHES, BETTY A
2080 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952-2841

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCBEAN, MAUREEN	1.2 NAME	SHAFFER, JANET	
STREET ADDRESS	1375 E. SCOTS AVE.	1.3 STREET ADDRESS	486 FALMOUTH AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CARNEY, CAROL L	2.2 NAME	KLINE, KEN	
STREET ADDRESS	1050 MONTEGO BAY DR., W.	2.3 STREET ADDRESS	925 LAKEWOOD CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	THADEN, THOMAS	3.2 NAME	VERDABLE, CHRISTINE	
STREET ADDRESS	520 BELLA CAPRI DR.	3.3 STREET ADDRESS	1346 E Scots Ave	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	DANILES, JANET	4.2 NAME	NEMETH, REBECCA	
STREET ADDRESS	510 BELLA CAPRI DR.	4.3 STREET ADDRESS	4915 ARECA PALM	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	COCOA, FL 32927	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: Janet M. Shaffer 7/7/95 (407)453-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006660