

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 764658

**Entity Name:** MID-FLORIDA MUSTANG CLUB, INC.

**Current Principal Place of Business:**

2005 W HAMPTON CIRCLE  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 4006  
WINTER PARK, FL 32793-4006 US

**FEI Number:** 81-2203520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASTELLI, PIA C  
2005 W HAMPTON CIRCLE  
WINTER PARK, FL 32792 US

*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

**Officer/Director Detail :**

Title D  
Name KIRKENDALL, DON  
Address 2285 RED EMBER RD  
City-State-Zip: OVIEDO FL 32765

Title TREAS  
Name WEAR, KENNETH  
Address 5014 TIMBER RIDGE TRAIL  
City-State-Zip: OCOEE FL 32761

Title D.  
Name LAWRENCE, JAMES  
Address 201 SEWELL RD  
City-State-Zip: SANFORD FL 32771

Title PRESIDENT  
Name RIVERA, ANGEL  
Address P O BOX 6353  
City-State-Zip: DELTONA FL 32728

Title SECRETARY  
Name CULVER, MIKE  
Address 105 DESTINY COVE  
City-State-Zip: ALTAMONTE SPRGS FL 32714

Title DIRECTOR  
Name WOODWORTH, CHUCK  
Address 944 WELLINGTON COURT  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name RUGGIERIO, ROBERT  
Address 506 NEWHALL LANE  
City-State-Zip: DEBARY FL 32713

Title DIRECTOR  
Name HILL, VANESSA  
Address 12 VOLUSIA DR.  
City-State-Zip: DEBARY FL 32713

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: KENNETH WEAR**

**TREASURER**

**05/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LANE, JAMES  
Address 1276 APACHE DR  
City-State-Zip: GENEVA FL 32732

Title DIR  
Name LARRY, MAUSNER  
Address 1521 HUNTERS MILL PL  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name PLATT, PAMELA  
Address 3925 GOUROCK CT  
City-State-Zip: APOPKA FL 32712

Title DIRECTOR  
Name CANNIZARO, MATTHEW  
Address 209 HAZELWOOD CT  
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR  
Name PLATT, MIKE  
Address 3925 GOUROCK CT  
City-State-Zip: APOPKA FL 32712

Title VP  
Name LEJEUNE, FAREN  
Address 8421 ADEN CT  
City-State-Zip: ORLANDO FL 32817