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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 748748 **(1)**

1. Corporation Name

SOUTH FLORIDA TRAIL RIDERS, INC.

400001451984
-04/10/95--01042--003
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SNAPPER CREEK BRANCH P.O. BOX 160145 MIAMI FL 33116-0145	SNAPPER CREEK BRANCH P.O. BOX 160145 MIAMI FL 33116-0145

3. Date Incorporated or Qualified: **08/31/1979**
3a. Date of Last Report: **03/11/1994**
4. FEI Number: **59-1911388** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** 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 ☐ **$68.75** Supplemental Fee Not Required
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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TOBIN, GERALD J, PA
2701 S. BAYSHORE DRIVE #602
MIAMI FL 33133

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 607.0502 and 607.1508, 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 607.0505, 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	S	1.1 TITLE	S ☐ Change ☐ Addition
NAME	FIELDS, CATHY	1.2 NAME	Cathy Fields
STREET ADDRESS	19225 SW 186TH ST.	1.3 STREET ADDRESS	19225 SW 186 St
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33187
TITLE	TD	2.1 TITLE	T ☒ Change ☐ Addition
NAME	DIXON, ROBERT	2.2 NAME	KATHLEEN Childress
STREET ADDRESS	13400 SW 82ND CT.	2.3 STREET ADDRESS	19800 SW 180 AVE #425
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33187
TITLE	VP	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	GLASHEEN, PATRICIA	3.2 NAME	Becky CARD
STREET ADDRESS	15413 SW 102ND AVE	3.3 STREET ADDRESS	26020 SW 192 Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Homestead 33015
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	SOMHORST, JOSEPH L.	4.2 NAME	Robert Dixon
STREET ADDRESS	9380 SW 192ND DR.	4.3 STREET ADDRESS	13400 SW 82 Ct.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33156
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	

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: Catherine E Fields CATHERINE E. FIELDS 2/6/95 250-7203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
5662-8145

600483