02211999-90006-002-$61.25-$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90006 002 ****61.25

* 3 372416 - 90035 - 35

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **748748**

1. Corporation Name
SOUTH FLORIDA TRAIL RIDERS, INC.

Principal Place of Business	Mailing Address
PO BOX 924946 PRINCETON FL 33092 US	PO BOX 924946 PRINCETON FL 33092 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/31/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1911388 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOBIN, GERALD J, PA 2701 S. BAYSHORE DRIVE #602 MIAMI FL 33133	81 Name: SHARON QUINN DIXON 82 Street Address (P.O. Box Number is Not Acceptable) 83: 150 W. FLAGLER, SUITE 2400 84 City: MIAMI FL 85 Zip Code: 33130

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: Sharon Quinn Dixon — 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☑ DELETE	1.1 TITLE	PRES. D	☑ Change ☐ Addition
NAME	GLASS, LAURA		1.2 NAME	SANTE, ANDREA	
STREET ADDRESS	33201 SW 210TH AVE		1.3 STREET ADDRESS	23950 SW 129 AVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034		1.4 CITY-ST-ZIP	PRINCETON, FLA 33032	
TITLE	TD	☑ DELETE	2.1 TITLE	V. PRES. D	☑ Change ☐ Addition
NAME	WRIGHT, MICHELE		2.2 NAME	CARD-SWERDLOFF, REBECCA	
STREET ADDRESS	17991 SW 176TH ST		2.3 STREET ADDRESS	26020 SW 192 AVE	
CITY-ST-ZIP	MIAMI FL 33187		2.4 CITY-ST-ZIP	HOMESTEAD, FLA. 33031	
TITLE	VD	☑ DELETE	3.1 TITLE	SEC. D	☑ Change ☐ Addition
NAME	SANTO, ANDREA		3.2 NAME	MOKHER, PAM	
STREET ADDRESS	23950 SW 129 AVE		3.3 STREET ADDRESS	29260 SW 182 AVE	
CITY-ST-ZIP	PRINCETON FL 33032		3.4 CITY-ST-ZIP	HOMESTEAD, FLA. 33030	
TITLE	PD	☑ DELETE	4.1 TITLE	TREA. D	☑ Change ☐ Addition
NAME	CARD-SWENDLOFF, REBECCA		4.2 NAME	MORTON, SYLVIA	
STREET ADDRESS	26020 SW 192ND AVE		4.3 STREET ADDRESS	24650 SW 167 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031		4.4 CITY-ST-ZIP	MIAMI, FLA 33031	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Sylvia Morton — SIGNATURE REQUIRED — SYLVIA MORTON — 1/12/99 — 305-246-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #