

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 018 ****61.25

DOCUMENT # 748748

1. Entity Name
SOUTH FLORIDA TRAIL RIDERS, INC.



Principal Place of Business
**PO BOX 924946
PRINCETON, FL 33092 US**

Mailing Address
**PO BOX 924946
PRINCETON, FL 33092 US**

40002134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1911388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, SHARON Q
150 W FLAGLER
SUITE 2400
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SANTE, ANDREA**
STREET ADDRESS **23950 SW 129 AVE**
CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **PD** ☒ Delete
NAME **SAAVEDRA, AUGUSTIN**
STREET ADDRESS **20501 S.W. 167 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33187**

TITLE **SD** ☐ Delete
NAME **HERSHBERGER, CARRIE**
STREET ADDRESS **10532 W. 52 TERRACE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **TD** ☒ Delete
NAME **KRAUSE, NANCY**
STREET ADDRESS **28645 SW 190 AVE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **D** ☐ Delete
NAME **MANNY, ALVAREZ**
STREET ADDRESS **8401 DUNDEE TERRACE**
CITY-ST-ZIP **MIAMI, FL 33016**

TITLE **D** ☒ Delete
NAME **SHAW, JACKY**
STREET ADDRESS **20200 SW 188 STREET**
CITY-ST-ZIP **MIAMI, FL 33187**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Peter Shaw**
STREET ADDRESS **20200 SW 188 St**
CITY-ST-ZIP **Miami FL 33187**

TITLE **V** ☐ Change ☒ Addition
NAME **Vice Pres**
STREET ADDRESS **Wayne Hershberger**
CITY-ST-ZIP **10532 W. 52 Terr**
Miami FL

TITLE **T** ☒ Change ☐ Addition
NAME **Denise Bourgoignie**
STREET ADDRESS **20740 S.W. 248 St.**
CITY-ST-ZIP **Homestead FL 33031**

TITLE **D** ☐ Change ☐ Addition
NAME **Rene Gomez**
STREET ADDRESS **27820 Sw 160 Ave.**
CITY-ST-ZIP **Homestead FL 33031**

TITLE **D** ☒ Change ☐ Addition
NAME **Saavedra, Augustin**
STREET ADDRESS **20501 S.W. 167 Ave**
CITY-ST-ZIP **Miami, FL 33187**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/05 305-247-2124