2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748748

Entity Name: SOUTH FLORIDA TRAIL RIDERS, INC.

Current Principal Place of Business:

25700 SW 212ND AVENUE HOMESTEAD, FL 33031

Current Mailing Address:

P.O. BOX 924946 PRINCETON, FL 33092-4946 US

FEI Number: 59-1911388

Name and Address of Current Registered Agent:

DIXON, SHARON Q 150 W FLAGLER SUITE 2200 MIAMI, FL 33130 US FILED Apr 06, 2023 Secretary of State 5700583564CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :				
	Title	PRESIDENT	Title	VP
	Name	MORGAN, LISA	Name	MALDONADO, MICHAEL
	Address	P.O. BOX 924946	Address	P.O. BOX 924946
	City-State-Zip:	PRINCETON FL 33092-4946	City-State-Zip:	PRINCETON FL 33092-4946
	Title	TREASURER	Title	DIRECTOR
	Name	WRIGHT, MICHELE	Name	GOOSTREE, MICHELLE
	Address	P.O. BOX 924946	Address	P.O. BOX 924946
	City-State-Zip:	PRINCETON FL 33092-4946	City-State-Zip:	PRINCETON FL 33092-4946
	Title	DIRECTOR	Title	DIRECTOR
	Name	HEBERT, BELINDA	Name	PHILLIPS, TYRA
	Address	P.O. BOX 924946	Address	P.O. BOX 924946
	City-State-Zip:	PRINCETON FL 33092	City-State-Zip:	PRINCETON FL 33092-4946
	Title	DIRECTOR	Title	DIRECTOR
	Name	RANDOLPH, SUSIE	Name	MILHET, GINA
	Address	P.O. BOX 924946	Address	P.O. BOX 924946
	City-State-Zip:		City-State-Zip:	PRINCETON FL 33092-4946
	- 1			

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: MICHELE WRIGHT

TREASURER

04/06/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date