

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748748

Entity Name: SOUTH FLORIDA TRAIL RIDERS, INC.**Current Principal Place of Business:**20501 SW 167 AVENUE
MIAMI, FL 33187**Current Mailing Address:**P.O. BOX 924946
PRINCETON, FL 33032 US**FEI Number:** 59-1911388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIXON, SHARON Q
150 W FLAGLER
SUITE 2400
MIAMI, FL 33130 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	PRESIDENT
Name	MALDONADO, MICHAEL
Address	P.O. BOX 924946
City-State-Zip:	PRINCETON FL 33092

Title	TREASURER
Name	GONZALEZ, JULIE
Address	P.O. BOX 924946
City-State-Zip:	PRINCETON FL 33092

Title	VP
Name	SAAVEDRA, AGUSTIN
Address	P.O. BOX 924946
City-State-Zip:	PRINCETON FL 33092

Title	DIRECTOR
Name	GARCIA, EDDIE
Address	P.O. BOX 924946
City-State-Zip:	PRINCETON FL 33092

Title	DIRECTOR
Name	GEORGE JR, BONNY
Address	P.O. BOX 924946
City-State-Zip:	PRINCETON FL 33092

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: JULIE GONZALEZ

TREASURER

02/13/2019

Electronic Signature of Signing Officer/Director Detail_____
Date