

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748748

**Entity Name:** SOUTH FLORIDA TRAIL RIDERS, INC.

**Current Principal Place of Business:**

25005 SW 193 AVE  
HOMESTEAD, FL 33031

**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            RODRIGUEZ, NELSON  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092

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

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

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

Title            DIRECTOR  
Name            BONNY GEORGE JR  
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:** WAYNE HERSHBERGER

**TREASURER**

**01/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date