

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 748748

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

**Current Principal Place of Business:**

20595 SW 190TH ST.  
MIAMI, FL 33187

**Current Mailing Address:**

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

**FEI Number:** 59-1911388

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DIXON, SHARON Q  
150 W FLAGLER  
SUITE 2200  
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            PEREZ, PATRICIA  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092-4946

Title            VP  
Name            MORGAN, LISA  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092-4946

Title            TREASURER  
Name            WRIGHT, MICHELE  
Address        17991 SW 176TH STREET  
City-State-Zip: MIAMI FL 33187

Title            DIRECTOR  
Name            GOOSTREE, MICHELLE  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092-4946

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

Title            DIRECTOR  
Name            MALDONADO, MIKE  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092-4946

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

Title            DIRECTOR  
Name            HESS GARNEAU, AMARIS  
Address        P.O. BOX 924946  
City-State-Zip: PRINCETON FL 33092-4946

*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: PATRICIA PEREZ**

**PRESIDENT**

**06/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date