

2015 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 HERSHBERGER, WAYNE
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title TREASURER
Name GONZALEZ, JULIE
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title VP
Name MIKE, MALDONADO
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title DIRECTOR
Name FOBB, SANDY
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title DIRECTOR
Name HERSHBERGER, CARRIE
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title DIRECTOR
Name PRIEST, DEBI
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title DIRECTOR
Name PRIEST, CRAIG
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

Title DIRECTOR
Name PEREZ, WILLY
Address P.O. BOX 924946
City-State-Zip: PRINCETON FL 33032

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****01/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date