

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748658

FILED
Apr 13, 2009
Secretary of State

Entity Name: SOUTH FLORIDA STRIDERS, INC.

Current Principal Place of Business:

15426 NW 14TH COURT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 822233
SOUTH FLORIDA, FL 330822233 US

New Mailing Address:

FEI Number: 59-2512012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIJARRO, RAFAEL
15426 NW 14TH COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUIJARRO, RAFAEL
Address: 15426 NW 14TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: SHAMOUN, AL
Address: 9430 POINCIANA PLACE, #209
City-St-Zip: FT LAUDERDALE, FL 33324

Title: T () Delete
Name: WAGNER, BILL
Address: 3503 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: SARAKAS, ARTHUR
Address: 1429 SOUTH CYPRESS ROAD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: SEFFREN, STEVE
Address: 690 SE 15TH STREET, #101
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: REGAN, MICHAEL
Address: 1201 SE 2ND CT, #108
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAFAEL GUIJARRO

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date