

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748748

FILED
Jan 11, 2009
Secretary of State

Entity Name: SOUTH FLORIDA TRAIL RIDERS, INC.

Current Principal Place of Business:

PO BOX 924946
PRINCETON, FL 33092 US

New Principal Place of Business:

25005 SW 193 AVE
HOMESTEAD, FL 33031

Current Mailing Address:

PO BOX 924946
PRINCETON, FL 33092 US

New Mailing Address:

P.O. BOX 924946
PRINCETON, FL 33032 US

FEI Number: 59-1911388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, SHARON Q
150 W FLAGLER
SUITE 2400
MIAMI, FL 33130 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: HERBERGER, WAYNE
Address: 10532 W 52 TERR
City-St-Zip: MIAMI, FL 33187

Title: T () Delete
Name: MALDONADO, ANDREA
Address: 8217 NW 192 LN
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: GOMEZ, RENE
Address: 20925 SW 238 ST
City-St-Zip: MIAMI, FL 33031

Title: D () Delete
Name: MANNY, ALVAREZ
Address: 8401 DUNDEE TERRACE
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: LEWIT, WENDY S
Address: POST OFFICE BOX 901668
City-St-Zip: HOMESTEAD, FL 33090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAAVEDRA, AGUSTIN
Address: 20501 SW 167 AVE
City-St-Zip: MIAMI, FL 33187

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

Title: VP (X) Change () Addition
Name: SHAW, PETER
Address: 20200 SW 188 ST
City-St-Zip: MIAMI, FL 33187

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

Title: D (X) Change () Addition
Name: VIDAL, MARIA
Address: 19950 SW 188 ST
City-St-Zip: MAMI, FL 33187

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: AGUSTIN SAAVEDRA

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date