2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90137 016 ****70.00

DOCUMENT # 763332

1. Entity Name
SOUTH FLORIDA TRAIL RIDERS OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
PO BOX 290332 DAVIE, FL 33329 US	PO BOX 290332 DAVIE, FL 33329 US

DO NOT WRITE IN THIS SPACE

011102005 No Chg NP CR2E037 (10/03)

4. FEI Number
59-1911388

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAINES, DON
17401 SW 48TH STREET
SOUTHWEST RANCHES, FL 33331

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COX, KATHRYN
STREET ADDRESS	4840 THOROUGHBRED LANE
CITY-ST-ZIP	SW RANCHES, FL 33330
TITLE	VPD
NAME	STERMER, MATTHEW
STREET ADDRESS	2980 SW 137TH TERRACE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	SD
NAME	EDMONDSON, LISA
STREET ADDRESS	4311 SW 83RD AVENUE
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	TD
NAME	BACA, LINDA
STREET ADDRESS	3995 SW 56TH AVENUE
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-8-05 954-920-6077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #