

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90353 041 \*\*\*\*61.25

<b>DOCUMENT # 763332</b>					
<b>1. Entity Name</b> SOUTH FLORIDA TRAIL RIDERS OF BROWARD COUNTY, INC.					
<b>Principal Place of Business</b> PO BOX 290332 DAVIE, FL 33329 US			<b>Mailing Address</b> PO BOX 290332 DAVIE, FL 33329 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1911388	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MAINES, DON 17401 SW 48TH STREET SOUTHWEST RANCHES, FL 33331			Name <u>KATHRYN COX</u> Street Address (P.O. Box Number is Not Acceptable) <u>4940 Thoroughbred Lane</u> City <u>S.W. Ranches</u> FL Zip Code <u>33330</u>		
<b>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.</b>					
SIGNATURE					
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COX, KATHRYN 4940 THOROUGHbred LANE SW RANCHES, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STERMER, MATTHEW 2980 SW 137TH TERRACE DAVIE, FL 33330	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEIBH WESSEL 1830 SW 196 LA. SOUTHWEST RANCHES, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EDMONDSON, LISA 4311 SW 93RD AVENUE DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPcy. Hilda Testa 13940 SW 24 St DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BACA, LINDA 3995 SW 56TH AVENUE DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Deborah Gruenhagen 5702 Holatee Trail Southwest Ranches, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Deborah Gruenhagen</u> <u>6 Mar 2006</u> <u>954-434-1276</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					