2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 763332 1. Entity Name SOUTH FLORIDA TRAIL RIDERS OF BROWARD COUNTY, INC.									04-	-03-2006	90353 0	41 ****61.	.25	
Principal Place of Business PO BOX 290332 DAVIE, FL 33329 US			P0 B0	Mailing Address PO BOX 290332 DAVIE, FL 33329 US						·				
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Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				0221200		ng-NP	•	037 (11/05)			
City & State		City & State					4. FEI Nu	mber			Ar	oplied For		
Zip		Country	Zip Cou			intry	59-191138 5. Certificate of St					\$8.75 Add	ot Applicable ditional	
6. Name and Address of Current F			Pacietara	Pagistared Agent						ress of New		Fee Require	ed .	
	6. Name a	and Address of Current	Registeret	Agent		Name	V				negisteret	Agent		
MAINES, DON 17401 SW 48TH STREET				}			Street Address (P.O. RowNumber is Not Acceptable)							
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6. The above na	amed and	submits this statement is	the purpo	ose of changing its	s register	ed office or	r register	ed agent, or	both, in	the State of F	lorida. I ar	n familiar with,	and accept	
the obligation	ns of registe	erededen	.//)										
SIGNATURE	Affle	or printed harne of registered agent			F. R						0.75			
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes 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: Duh 1 1 Debrah Gruenhagen 6Mar 2006 954-434-1276

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Proma #