

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763332

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

13940 SW 24 STREET
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 290332
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 59-1911388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESTA, HILDA
13940 SW 24TH STREET
DAVIE, FL 33325 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: PD () Delete
Name: TESTA, HILDA
Address: 13940 SW 24 STREET
City-St-Zip: DAVIE, FL 33325

Title: VPD () Delete
Name: WESSEL, LEIGH
Address: 4830 SW 196 LANE
City-St-Zip: SW RANCHES, FL 33332

Title: S () Delete
Name: OLSON, CAROL
Address: 4810 SW 59TH TERRACE
City-St-Zip: DAVIE, FL 33314

Title: TD () Delete
Name: GRUENHAGEN, DEBORAH
Address: 5702 HOLATEE TRAIL
City-St-Zip: SW RANCHES, FL 33330

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:

Title: TD (X) Change () Addition
Name: COX, KATHERINE
Address: 5100 THOUROBRED LANE
City-St-Zip: SW RANCHES, FL 33330

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: HILDA TESTA

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date