

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N39896

FILED  
Oct 09, 2006  
Secretary of State

**Entity Name:** SOUTHERN TRAILRIDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1104 JOKEL LANE  
SNEADS, FL 3246 US

**New Principal Place of Business:**

**Current Mailing Address:**

1104 JOKEL LANE  
SNEADS, FL 3246 US

**New Mailing Address:**

**FEI Number:** 59-3029403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPOONER, JOE  
1104 JOKEL LANE  
SNEADS, FL 3246 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: JOE SPOONER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SZYMANSKI, SUSAN  
Address: 1478 MANOR HOUSE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete  
Name: PAPP, JOYCE  
Address: 2450 FRANK SMITH RD  
City-St-Zip: QUINCY, FL 32352

Title: PD ( ) Delete  
Name: SPOONER, JOE  
Address: 1140 JOKEL LANE  
City-St-Zip: SNEADS, FL 3246

Title: VPD ( ) Delete  
Name: ZDANOVSKIY, SUZANNE  
Address: 630 KITTRELL ROAD  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: BLANCHARD, JOE  
Address: 41 MIDNIGHT PASS  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: CURTIS, JUD  
Address: 8288 YASHUNTAFUN ROAD  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: PAPP, JOYCE  
Address: P.O. BOX 383  
City-St-Zip: LLOYD, FL 32337

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

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

Title: D (X) Change ( ) Addition  
Name: GAVINS, GENE  
Address: 10833 CEDAR TRACE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE SPOONER

PD

10/09/2006

Electronic Signature of Signing Officer or Director

Date