

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39896

FILED
Aug 28, 2008
Secretary of State

Entity Name: SOUTHERN TRAILRIDERS ASSOCIATION, INC.

Current Principal Place of Business:

8501 VETERANS MEMORIAL DR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

8501 VETERAN MEMORIAL DR
TALLAHASSEE, FL 32309 US

New Mailing Address:

8501 VETERANS MEMORIAL DR
TALLAHASSEE, FL 32309 US

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:

VAUSE, LINDA
8501 VETERANS MEMORIAL DR
TALLAHASSEE, FL 32309 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: TD () Delete
Name: SZYMANSKI, SUSAN
Address: 1478 MANOR HOUSE DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP () Delete
Name: CURTIS, JUD
Address: 8828 YASHUNTAFUN
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: PD () Delete
Name: VAUSE, LINDA
Address: 8501 VETRANS MEMORIALDR.
City-St-Zip: TALLAHASSEE, FL 32309 US

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:

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: LINDA VAUSE

PD

08/28/2008

Electronic Signature of Signing Officer or Director

Date