2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39896

FILED May 01, 2009 Secretary of State

Entity Name: SOUTHERN TRAILRIDERS ASSOCIATION, INC.

	rincipal Place of B	usiness:	MEW FIIII	cipal Place of Business:	
501 VETERANS MEMORIAL DR FALLAHASSEE, FL 32309 US		5800 VETERANS MEMORIAL DR TALLAHASSEE, FL 32309 US			
Current Mailing Address:			New Mailing Address:		
501 VETERANS MEMORIAL DR ALLAHASSEE, FL 32309 US		5800 VETERANS MEMORIAL DR TALLAHASSEE, FL 32309 US			
n accordan	ce with s. 607.193(2)(b)	Number Applied For() FEI Nu b, F.S., the corporation did not receive nt Registered Agent:	•		
/AUSE, LINDA 3501 VETERANS MEMORIAL DR FALLAHASSEE, FL 32309 US			NOYES, SUE 5800 VETERANS MEMORIAL DR TALLAHASSEE, FL 32309 US		
	named entity subm e of Florida.	its this statement for the purpose	of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE: SUE NOYES			05/01/2009	
	Electronic Sig	gnature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
itle: lame: .ddress: city-St-Zip:	TD () Deleti SZYMANSKI, SUSAN 1478 MANOR HOUSE TALLAHASSEE, FL 3	E DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame: .ddress: city-St-Zip:	VP () Deleti CURTIS, JUD 8828 YASHUNTAFUN TALLAHASSEE, FL 3		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WILSON, SUSAN 135 EAST IVAN ROAD CRAWFORVILLE, FL 32327 US	
itle: lame: ddress: city-St-Zip:	PD () Delete VAUSE, LINDA 8501 VETRANS MEN TALLAHASSEE, FL 3	IORIALDR.	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition NOYES, SUE 5800 VETERANS MEMORIAL DR TALLAHASSEE, FL 32309 US	
itle: lame: .ddress: city-St-Zip:	()Delet	Э	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition LITTLEFIELD, CHRIS 7291 WEST CAPPS MONTICELLO, FL 32331 US	
itle: lame:	() Delete	e	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition VAUSE, LINDA 8501 VETERANS MEMORIAL DR TALLAHASSEE, FL 32309 US	
ddress: city-St-Zip:				DIR () Change (X) Addition	

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: SUE NOYES PRES 05/01/2009