

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 PM 12:11

DOCUMENT # **707753** (0)  
1. Corporation Name  
**TRILBY SOCIAL CLUB INCORPORATED**

Principal Place of Business Mailing Address  
**OLE TRILBY ROAD** **OLE TRILBY ROAD**  
**P.O. BOX 854** **P.O. BOX 854**  
**TRILBY FL 33593-7854** **TRILBY FL 33593-7854**

DO NOT WRITE IN THIS SPACE  
3. Date incorporated in this State  
**08/31/1964** **05/01/1994**  
4. FEI Number **59-2499975**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00** May Be  
Added to Fees  
7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  **\$68.75** Supplemental  
Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
**KING, ALICE B.**  
**132 TRILBY CEMETARY RD.**  
**P.O. BOX 8**  
**TRILBY FL 33593**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**20830 Trilby Cemetery Rd.**  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE Alice B. King Alice B. King 04-21-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>COX, WILLIAM F.</b>
STREET ADDRESS	<b>1013 SOUTH 10TH STREET</b>
CITY-ST-ZIP	<b>DADE CITY, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>MYRICK, JOHN H</b>
STREET ADDRESS	<b>P. O. BOX 1264, 1159 OLD TRILBY RD. N/A</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>
TITLE	<b>S</b>
NAME	<b>COX, VERA</b>
STREET ADDRESS	<b>1013 SOUTH 10TH STREET</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>
TITLE	<b>P</b>
NAME	<b>LOUIE KING</b>
STREET ADDRESS	<b>P.O. BOX 8 N/A. RD.</b>
CITY-ST-ZIP	<b>TRILBY FL</b>
TITLE	<b>V</b>
NAME	<b>BLACK, WATER E</b>
STREET ADDRESS	<b>P.O. BOX 27, NA</b>
CITY-ST-ZIP	<b>TRILBY FL</b>
TITLE	<b>D</b>
NAME	<b>DAVIS, HENRY LEE</b>
STREET ADDRESS	<b>33287 CORTEZ BLVD</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>13625 10th St.</b>
1.4 CITY-ST-ZIP	<b>Dade City, FL 33525</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>13625 10th St.</b>
3.4 CITY-ST-ZIP	<b>Dade City, FL 33525</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice B. King Alice B. King 04-21-95 813 782 5521  
Signature, typed or printed name of signing officer or director Date (Anytime Florida # 463010)