

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **707753** (0)

1. Corporation Name
TRILBY SOCIAL CLUB INCORPORATED



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

3. Date Incorporated or Qualified: **08/31/1964**
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2499975	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KING, ALICE B.
20830 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)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Alice B King **Alice B. King, TREASURER** 06-24-96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, WILLIAM F.	1.2 NAME	
STREET ADDRESS	13625 10TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, JOHN H	2.2 NAME	
STREET ADDRESS	P. O. BOX 1264, 1159 OLD TRILBY RD. N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, VERA	3.2 NAME	
STREET ADDRESS	13625 10TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIE KING	4.2 NAME	
STREET ADDRESS	P.O. BOX 8 N/A. RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRILBY FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WATER E	5.2 NAME	
STREET ADDRESS	P.O. BOX 27, NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TRILBY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HENRY LEE	6.2 NAME	
STREET ADDRESS	33297 CORTEZ BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louie King **Louie King** 6/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)