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Jul 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33593-0854



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Stanley, Ronald E.

82 Street Address (P.O. Box Number is Not Acceptable)

9338 Fairway Lakes Ct.

83

84 City Tampa

FL

85 Zip Code 33647

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

*Ronald E. Stanley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/97

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS                          | CITY-ST-ZIP  | DELETE                              |
|-------|------------------|---|--------------|-------------------------------------|
| D     | COX, WILLIAM F.  | 13625 10TH ST                           | DADE CITY FL | <input checked="" type="checkbox"/> |
| D     | MYRICK, JOHN H   | P. O. BOX 1264, 1159 OLD TRILBY RD. N/A | DADE CITY FL | <input checked="" type="checkbox"/> |
| S     | COX, VERA        | 13625 10TH ST.                          | DADE CITY FL | <input checked="" type="checkbox"/> |
| P     | LOUIE KING       | P.O. BOX 8 N/A. RD.                     | TRILBY FL    | <input checked="" type="checkbox"/> |
| V     | BLACK, WATER E   | P.O. BOX 27, NA                         | TRILBY FL    | <input type="checkbox"/>            |
| D     | DAVIS, HENRY LEE | 33297 CORTEZ BLVD                       | DADE CITY FL | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME             | 1.3 STREET ADDRESS                 | 1.4 CITY-ST-ZIP     | Change                   | Addition                            |
|-----------|----------------------|------------------------------------|---------------------|--------------------------|-------------------------------------|
| D         | Ronald F. Edgerton   | 12301 Scott Dr.                    | Dade City, FL 33525 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D         | Tommy V. Jordan, Jr. | 40500 Messick Rd.                  | Dade City, FL 33525 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| S         | Bobby Sue Jackson    | P. O. Box 286 N/A                  | Lacoochee, FL 33537 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| P         | John H. Myrick       | P. O. Box 1264, 1159 Old Trilby Rd | Dade City, FL 33526 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME             | 5.3 STREET ADDRESS                 | 5.4 CITY-ST-ZIP     | Change                   | Addition                            |
| 6.1 TITLE | 6.2 NAME             | 6.3 STREET ADDRESS                 | 6.4 CITY-ST-ZIP     | Change                   | Addition                            |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*  
Signature, typed or printed name of officer, director, receiver or trustee

April 21, 1997

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CR2E037 (9/96)