

FILE NOW: FILING FEE IS \$61.25

FILED
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 Mailing Address
OLE TRILBY ROAD OLE TRILBY ROAD
P.O. BOX 854 P.O. BOX 854
TRILBY FL 33593-7854 TRILBY FL 33593-0854

3. Date Incorporated or Qualified 08/31/1964 3a. Date of Last Report 07/08/1996
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
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 28 Zip
24 Country 29 Country 30 Country

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* (NOTE: Registered Agent signature required when reinstating) DATE 6/5/97

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald F. Edgerton	
1.3 STREET ADDRESS	12301 Scott Dr.	
1.4 CITY-ST-ZIP	Dade City, FL 33525	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tommy V. Jordan, Jr.	
2.3 STREET ADDRESS	40500 Messick Rd.	
2.4 CITY-ST-ZIP	Dade City, FL 33525	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bobby Sue Jackson	
3.3 STREET ADDRESS	P. O. Box 286 N/A	
3.4 CITY-ST-ZIP	Lacoochee, FL 33537	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John H. Myrick	
4.3 STREET ADDRESS	P. O. Box 1264, 1159 Old Trilby Rd	
4.4 CITY-ST-ZIP	Dade City, FL 33526	
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 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* April 21, 1997

CR2E037 (9/96)