

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
08/31/1964

4. FEI Number
59-2499975

Applied For	
Not Applicable	

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 Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**STANLEY, RONALD E
9338 FAIRWAY LAKES CT
P.O. BOX 8
TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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 *Donald E. Stanley* (NOTE: Registered Agent signature required when reinstating) DATE **1/27/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDGERTON, RONALD F	
STREET ADDRESS	12301 SCOTT DR	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAN, TOMMY V JR	
STREET ADDRESS	40500 MESSICK RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACKSON, BOBBY S	
STREET ADDRESS	PO BOX 286 N/A	
CITY-ST-ZIP	LACOOCHEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MYRICK, JOHN H	
STREET ADDRESS	1159 OLD TRILBY RD	
CITY-ST-ZIP	DADE CITY 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Walter E. Black* 1-22-98 583-3549

CR2E037 (10/97)