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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90013 029 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707753**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/31/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2499975
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 **Alice B. King**  
 82 Street Address (P.O. Box Number is Not Acceptable) **20830 Trilby Cem. Rd.**  
 83 **PO Box 8**  
 84 City **TRILBY** FL 85 Zip Code **33593**

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, Treasurer DATE 04-23-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	EDGERTON, RONALD F 12301 SCOTT DR DADE CITY FL	1.1 TITLE D	JAMES W. KIRKSEY 18435 HAMILTON RD. DADE CITY, FL 33523
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	JORDAN, TOMMY V JR 40500 MESSICK RD DADE CITY FL	2.1 TITLE P	JORDAN, TOMMY V. JR. 40500 MESSICK RD DADE CITY, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	JACKSON, BOBBY S PO BOX 286 N/A LACOOCHEE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE P	MYRICK, JOHN H 1159 OLD TRILBY RD DADE CITY FL	4.1 TITLE D	MYRICK, JOHN H 1159 OLD TRILBY RD. DADE CITY, FL
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE V	BLACK, WATER E P.O. BOX 27, NA TRILBY FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	DAVIS, HENRY LEE 33297 CORTEZ BLVD DADE CITY FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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, with all other like empowered.

SIGNATURE: SUBMITTING REQUIRED DATE 04-23-1999 DAYTIME PHONE # 352 5675133

CR2E037 (1/198)