


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 707753 1. Entity 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	
2. Principal Place of Business old Trilby Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 854 Suite, Apt. #, etc.	
City & State Trilby, FL Zip 33593		City & State Trilby FL Zip 33593	
Country Pasco		Country 33593	
4. FEI Number 59-2499975		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, RONALDE 1421 BAYCREST DR WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name King, Louis A. Street Address (P.O. Box Number is Not Acceptable) 20830 Trilby Cemetery Rd. P.O. Box 8 City Trilby, FL Zip Code 33593	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Louis A. King</i></u> DATE <u>1-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	KIRKSEY, JAMES W		
STREET ADDRESS	18435 HAMILTON RD		
CITY-ST-ZIP	DADE CITY, FL 33523		
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	KING, LOUIS A		
STREET ADDRESS	PO BOX 8		
CITY-ST-ZIP	TRILBY, FL 33593		
TITLE	S	<input type="checkbox"/> Delete	
NAME	JACKSON, BOBBY S		
STREET ADDRESS	PO BOX 286 N/A		
CITY-ST-ZIP	LACOCHEE, FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MENDEZ, LEO		
STREET ADDRESS	26055 OLYMPIA		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
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 L		
STREET ADDRESS	33297 CORTEZ BLVD		
CITY-ST-ZIP	DADE CITY, FL		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tommy J. Jordan Jr.		
STREET ADDRESS	40500 messick Rd		
CITY-ST-ZIP	Dade city FL 33525		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
800045895548 02/03/05--01008--017 **122.50			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Tommy J. Jordan Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-05</u> Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

WMP