
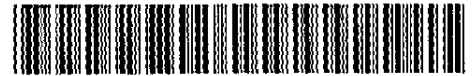


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 707753
 1. Entity Name
TRILBY SOCIAL CLUB INCORPORATED

Principal Place of Business Mailing Address
OLD TRILBY ROAD **OLD TRILBY ROAD**
P.O. BOX 854 **P.O. BOX 854**
TRILBY FL 33593 **TRILBY FL 33593**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2499975** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, LOUIS A
20830 TRILBY CEMETARY RD.
TRILBY FL 33593

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 type="checkbox"/> Delete
NAME	JORDAN, TOMMY V JR.	
STREET ADDRESS	40500 MESSICK RD.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, BOBBY S	
STREET ADDRESS	PO BOX 286 N/A	
CITY-ST-ZIP	LACOOCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELENDEZ, 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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000444753 Change Add
 03/07/06-80015-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ DATE _____