


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90382 048 \*\*\*\*61.25

<b>DOCUMENT # 707753</b>			
1. Entity Name TRILBY SOCIAL CLUB INCORPORATED			
Principal Place of Business OLD TRILBY ROAD P.O. BOX 854 TRILBY, FL 33593		Mailing Address OLD TRILBY ROAD P.O. BOX 854 TRILBY, FL 33593	
2. Principal Place of Business - No P.O. Box # <i>21049 Old Trilby Rd.</i>		3. Mailing Address <i>P.O. Box 8</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Trilby Fl.</i>		City & State <i>Trilby Fl.</i>	
Zip <i>33593</i>	Country <i>Pasco</i>	Zip <i>33593</i>	Country <i>Pasco</i>
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 <i>Louis A. King</i> Street Address (P.O. Box Number is Not Acceptable) <i>20830 Trilby Cemetery Rd.</i> City <i>Trilby</i> FL Zip Code <i>33593</i>	
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: <i>Louis A. King</i>		DATE: <i>Feb 25-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINI, TOM 9960 US 98 DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, MICHAEL W 36653 PALM ST DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, TED 4456 OAKFIELD CIR RDGEMANOR, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, LEO 26055 OLYMPIA BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCATHY, KIETH 18301 US HWY 301 DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATCHER, VIRGIL 21112 OLD TRILBY RD DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Louis A. King</i>		DATE: <i>FEB 25-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Dayside Phone # <i>352 397-3537</i>	

40086377



04182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2499975 Applied For Not Applicable

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

Name *Louis A. King*  
 Street Address (P.O. Box Number is Not Acceptable) *20830 Trilby Cemetery Rd.*  
 City *Trilby* FL Zip Code *33593*

SIGNATURE: *Louis A. King* DATE: *FEB 25-08*

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayside Phone # *352 397-3537*