

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707753

FILED
Jan 15, 2009
Secretary of State

Entity Name: TRILBY SOCIAL CLUB INCORPORATED

Current Principal Place of Business:

OLD TRILBY ROAD
P.O. BOX 854
TRILBY, FL 33593

New Principal Place of Business:

21049 OLD TRILBY ROAD
TRILBY, FL 33523

Current Mailing Address:

OLD TRILBY ROAD
P.O. BOX 854
TRILBY, FL 33593

New Mailing Address:

FEI Number: 59-2499975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTINI, TOM
Address: 9960 US 98
City-St-Zip: DADE CITY, FL 33525

Title: P () Delete
Name: BARNES, MICHAEL W
Address: 36653 PALM ST
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete
Name: HILL, TED
Address: 4456 OAKFIELD CIR
City-St-Zip: RDGEMANOR, FL 33523

Title: D () Delete
Name: MENDEZ, LEO
Address: 26055 OLYMPIA
City-St-Zip: BROOKSVILLE, FL 34601

Title: V () Delete
Name: MCCATHY, KIETH
Address: 18301 US HWY 301
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: BRATCHER, VIRGIL
Address: 21112 OLD TRILBY RD
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A. KING

TREA

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date