

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707753

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** TRILBY SOCIAL CLUB INCORPORATED

**Current Principal Place of Business:**

21049 OLD TRILBY ROAD  
TRILBY, FL 33523

**New Principal Place of Business:**

**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  
6790 WIREVINE DRIVE  
BROOKSVILLE, FL 34602      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: P  
Name: JORDAN, TOMMY V  
Address: 40500 MESSICK ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: BARNES, MICHAEL W  
Address: 36653 PALM ST  
City-St-Zip: DADE CITY, FL 33525

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

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

Title: VP  
Name: ALICE, KING B  
Address: 6790 WIREVINE DR.  
City-St-Zip: BROOKSVILLE, FL 34602

Title: D  
Name: RAPOSA, LYNN C  
Address: 36743 COLEMAN AVE.  
City-St-Zip: DADE CITY, FL 33523

I hereby 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 all other like empowered.

SIGNATURE: LOUIE KING

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04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date