



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90019 050 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N15466</b><br>1. Entity Name<br><b>TROUT RIVER CLUB, INC.</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>9745 LEM TURNER ROAD<br/>JACKSONVILLE, FL 32218</b>  |   |  | Mailing Address<br><b>9745 LEM TURNER ROAD<br/>JACKSONVILLE, FL 32218-8563</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  | <div style="font-size: 2em; font-family: cursive;">40128851</div>   |  |
| City & State   |   | City & State   |  | 07162007 Chg-NP CR2E037 (12/06)   |  |
| Zip  |   | Country  |  | 4. FEI Number<br><b>51-0534803</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BYRD, THOMAS E PRES.<br/>10564 CITRUS LANE<br/>JACKSONVILLE, FL 32218</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>THOMAS E BYRD</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>10564 CITRUS LANE</b><br>City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32218</b> |  |
| 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 <b>THOMAS E BYRD</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |  | DATE <b>7-16-07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>NEWMAN, LLOYD<br>8721 ADAMS AVE.<br>JACKSONVILLE, FL 32208<br><input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>THOMAS E BYRD</b><br><b>10564 CITRUS LANE</b><br><b>JACKSONVILLE FL 32218</b>        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>RICHARDSON, JAMES<br>10327 DENTON ROAD<br>JACKSONVILLE, FL 32226<br><input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DAVID HOFFMAN</b><br><b>13810 SUTTON PK. DR. N. AA 415</b><br><b>JACKSONVILLE FL 32224</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>JOHNS, RODDY<br>9933 SOUTH STREET<br>JACKSONVILLE, FL 32208<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>RODDY JOHNS</b><br><b>9933 SOUTH ST.</b><br><b>JACKSONVILLE FL 32208</b>                        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>JOHNS, JANICE<br>3063 WATER STREET<br>JACKSONVILLE, FL 32208<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | 5th MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>TED NEWTON</b><br><b>9745 LEM TURNER RD.</b><br><b>JACKSONVILLE FL 32218</b>                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>THOMAS E BYRD</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  | Date <b>7-16-07</b> Daytime Phone # <b>904-334.6519</b>   |  |