


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90013 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707753

1. Corporation Name

TRILBY SOCIAL CLUB INCORPORATED

Principal Place of Business

OLE TRILBY ROAD
P.O. BOX 854
TRILBY FL 33593-7854

Mailing Address

OLE TRILBY ROAD
P.O. BOX 854
TRILBY FL 33593-7854



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/31/1964
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2499975
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30 Country	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STANLEY, RONALD E
9338 FAIRWAY LAKES CT
P.O. BOX 8
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name	Alice B. King
82 Street Address (P.O. Box Number is Not Acceptable)	20830 Trilby Cem. Rd.
83 P.O. Box	8
84 City	TRILBY
85 State	FL
86 Zip Code	33593

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Alice B. King, Treasurer DATE: 04-23-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGERTON, RONALD F	1.2 NAME	JAMES W. KIRKSEY
STREET ADDRESS	12301 SCOTT DR	1.3 STREET ADDRESS	18435 HAMILTON RD.
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, TOMMY V JR	2.2 NAME	JORDAN, TOMMY V. JR.
STREET ADDRESS	40500 MESSICK RD	2.3 STREET ADDRESS	40500 MESSICK RD
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	DADE CITY, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	JACKSON, BOBBY S	3.2 NAME	
STREET ADDRESS	PO BOX 286 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LACOOCHIEE FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, JOHN H	4.2 NAME	MYRICK, JOHN H
STREET ADDRESS	1159 OLD TRILBY RD	4.3 STREET ADDRESS	1159 OLD TRILBY RD.
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	DADE CITY, FL
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BLACK, WATER E	5.2 NAME	
STREET ADDRESS	P.O. BOX 27, NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TRILBY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DAVIS, HENRY LEE	6.2 NAME	
STREET ADDRESS	33297 CORTEZ BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUBMITTER REQUIRED DATE: 04-23-1999 352 5675133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)