


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 707753					
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 # 21049 Old Trilby Rd.		3. Mailing Address P.O. Box 8			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Trilby Fl.		City & State Trilby Fl.		4. FEI Number 59-2499975	
Zip 33593		Country Pasco		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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: Louis A. King Street Address (P.O. Box Number is Not Acceptable): 20830 Trilby Cemetery Rd. City: Trilby FL Zip Code: 33593		
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: Louis A. King Feb 25-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 D NAME MARTINI, TOM STREET ADDRESS 9960 US 98 CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME BARNES, MICHAEL W STREET ADDRESS 36653 PALM ST CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HILL, TED STREET ADDRESS 4456 OAKFIELD CIR CITY-ST-ZIP RDGEMANOR, FL 33523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MENDEZ, LEO STREET ADDRESS 26055 OLYMPIA CITY-ST-ZIP BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MCCATHY, KIETH STREET ADDRESS 18301 US HWY 301 CITY-ST-ZIP DADE CITY, FL 33523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRATCHER, VIRGIL STREET ADDRESS 21112 OLD TRILBY RD CITY-ST-ZIP 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: Louis A. King Feb 25-08 352 397-3537 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40086377

