

# 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  
Name:  
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