

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010226

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** TRILBY FELLOWSHIP INC.

**Current Principal Place of Business:**

38710 BURGER LANE  
DADE CITY, FL 33523

**New Principal Place of Business:**

37715 TRILBY RD  
DADE CITY, FL 33523

**Current Mailing Address:**

38710 BURGER LANE  
DADE CITY, FL 33523

**New Mailing Address:**

P.O. BOX 2603  
DADE CITY, FL 33526

**FEI Number:** 80-0660521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOATS, RAYMOND T  
36830 BLANTON ROAD  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

MOATS, RAYMOND T  
36830 BLANTON ROAD APT 4.  
DADE CITY, FL 33523 US

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:**

04/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR.  
**Name:** PERKINS, ROBERT  
**Address:** 38343 TAYLOR AVE  
**City-St-Zip:** DADE CITY, FL 33525 US

**Title:** DIR.  
**Name:** MOATS, RAYMOND T  
**Address:** 36830 BLANTON ROAD APT 4  
**City-St-Zip:** DADE CITY, FL 33523 US

**Title:** DIR  
**Name:** MOATS, INGRID W  
**Address:** 36830 BLANTON ROAD APT 4  
**City-St-Zip:** DADE CITY, FL 33523 US

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:** RAYMOND T MOATS

DIR

04/23/2011

Electronic Signature of Signing Officer or Director

Date