

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-28-2008 90001 043 ****61.25

DOCUMENT # N15466

1. Entry Name

TROUT RIVER CLUB, INC.



Principal Place of Business

9745 LEM TURNER ROAD
JACKSONVILLE FL 32218

Mailing Address

9745 LEM TURNER ROAD
JACKSONVILLE FL 32218-8563

2. Principal Place of Business - No P.O. Box #

9745 LEM TURNER ROAD

Suite, Apt. #, etc.

JACKSONVILLE, FL

3. Mailing Address

Suite, Apt. #, etc.

CITY & STATE

SAME

CITY & STATE

Zip

Country

32224

DUVAL

Zip

Country

4. FEI Number

51-0534803

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

BYRD, THOMAS E PRES.
10564 CITRUS LANE
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required with a reinstating)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME BYRD, THOMAS E
STREET ADDRESS 10564 CITRUS LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

☐ Delete

TITLE S
NAME RICHARDSON, JAMES
STREET ADDRESS 10327 DENTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32226

☐ Delete

TITLE VP
NAME HOFFMAN, DAVID
STREET ADDRESS 13810 SUTTON PK DR N. APT 415
CITY-ST-ZIP JACKSONVILLE FL 32224

☐ Delete

TITLE T
NAME JOHNS, RODDY
STREET ADDRESS 9933 SOUTH ST
CITY-ST-ZIP JACKSONVILLE FL 32208

☒ Delete

TITLE 5THM
NAME NEWTON, TED
STREET ADDRESS 8745 LEMTURNER RD
CITY-ST-ZIP JACKSONVILLE FL 32218

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County/Parish #