

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15466

FILED
Mar 27, 2009
Secretary of State

Entity Name: TROUT RIVER CLUB, INC.

Current Principal Place of Business:

9745 LEM TURNER ROAD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

9745 LEM TURNER ROAD
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 51-0534803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SOLOMON, BILLY W PRES.
5522 TROUT RIVER BLVD
JACKSONVILLE, FL 32208 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: BILLY WAYNE SOLOMON

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, THOMAS E
Address: 10564 FITRUS LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: RICHARDSON, JAMES
Address: 10327 DENTON ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: HOFFMAN, DAVID
Address: 13810 SUTTON PK DR N. APT 415
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BILLY, SOLOMON W
Address: 5522 TROUT RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: SEC. (X) Change () Addition
Name: RICHARDSON, JAMES
Address: 10327 DENTON ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: TRES (X) Change () Addition
Name: WELLS, PATRICIA
Address: 3071 DATE STREET
City-St-Zip: JACKSONVILLE, FL 32224

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: PATRICIA WELLS

TREA

03/27/2009

Electronic Signature of Signing Officer or Director

Date