


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # 703250 1. Entity Name THE SOCIETY OF THE DEBUTANTE CHARITY COTILLION, INC.	
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Principal Place of Business PO BOX 2274 PENSACOLA, FL 32513 US	Mailing Address PO BOX 2274 PENSACOLA, FL 32513 US
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DO NOT WRITE IN THIS SPACE



04082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1050525	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZIEMAN, ELEANOR W 315 NORTH SUNSET BLVD GULF BREEZE, FL 32561

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDWELL, MILLER 107 SHORELINE DR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, MRS. JAMES C JR 9891 HEATHER DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIEMAN, STEPHEN F 315 NORTH SUNSET GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAY D(MRS) 1401 N BARCELONA ST PENSACOLA FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, DANIELS 4095 CONNELL DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MRS. RHETTE 3985 PIEDMONT ROAD PENSACOLA, FL 32503

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05/08/07-80077-002 61.25

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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: <i>Eleanor W. Ziemian</i> Eleanor W. Ziemian <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/23/2007 <small>Date</small>	(850) 932-2517 <small>Daytime Phone #</small>
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