

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 029 ****61.25

DOCUMENT # 703250

1. Entity Name
THE SOCIETY OF THE DEBUTANTE CHARITY
COTILLION, INC.



Principal Place of Business
2403 TRONJO PLACE
PO BOX 2274
PENSACOLA, FL 32513 US

Mailing Address
2403 TRONJO PLACE
PO BOX 2274
PENSACOLA, FL 32513 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1050525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, BETTY P
9891 HEATHER DRIVE
CANTONMENT, FL 32533

Name *Eleanor Williams Ziemann*
Street Address (P.O. Box Number is Not Acceptable)
315 North Sunset Blvd.
City *Gulf Breeze* **FL** **Zip Code** *32561*

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 *Eleanor W. Ziemann* *Eleanor W. Ziemann* *April 6, 2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ **Delete**
NAME **HARRELL, CHARLES M**
STREET ADDRESS **2403 TRONJO PLACE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE *Mrs. Miller Caldwell* ☐ **Change** ☒ **Addition**
NAME *(President)*
STREET ADDRESS *107 Shoreline Dr.*
CITY-ST-ZIP *Gulf Breeze, FL 32561*

TITLE **EB** ☐ **Delete**
NAME **ROBINSON, MRS. JAMES C JR**
STREET ADDRESS **9891 HEATHER DRIVE**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE *Director* ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ **Delete**
NAME **BULLOCK, ELLIS W**
STREET ADDRESS **2000 E MALLORY ST**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE *Mrs. Stephen Francis Ziemann* ☐ **Change** ☒ **Addition**
NAME *Treasurer*
STREET ADDRESS *315 North Sunset*
CITY-ST-ZIP *Gulf Breeze, FL 32561*

TITLE **D** ☐ **Delete**
NAME **WILLIAMS, JAY D(MRS)**
STREET ADDRESS **1401 N BARCELONA ST**
CITY-ST-ZIP **PENSACOLA FL,**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **RICHARD, DANIELS**
STREET ADDRESS **4095 CONNELL DR**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **ANDERSON, MRS. RHETTE**
STREET ADDRESS **3985 PIEDMONT ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Eleanor W. Ziemann* *Eleanor W. Ziemann* *April 6, 2006* *(850) 932-2517*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #