2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# 703250

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

Current Principal Place of Business:

PO BOX 2274
PENSACOLA, FL 32513 US

New Principal Place of Business:

315 NORTH SUNSET BLVD.
GULF BREEZE, FL 32561 US

Current Mailing Address:

PO BOX 2274
PENSACOLA, FL 32513 US

New Mailing Address:

FEI Number: 59-1050525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIEMAN, ELEANOR W
315 NORTH SUNSET BLVD
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CALDWELL, MILLER	
Address:	107 SHORELINE DR	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	D	( ) Delete
Name:	ROBINSON, MRS. JAMES C JR	
Address:	9891 HEATHER DRIVE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	T	( ) Delete
Name:	ZIEMAN, STEPHEN F	
Address:	315 NORTH SUNSET	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	D	( ) Delete
Name:	WILLIAMS, JAY D(MRS)	
Address:	1401 N BARCELONA ST	
City-St-Zip:	PENSACOLA FL,	
Title:	D	( ) Delete
Name:	LEIDNER, MRS. ROBERT	
Address:	617 NORTH 19TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	ANDERSON, MRS. RHETTE	
Address:	3985 PIEDMONT ROAD	
City-St-Zip:	PENSACOLA, FL 32503	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: STEPHEN F.X.ZIEMAN MRS. 02/15/2009
Electronic Signature of Signing Officer or Director — Date