

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703250

FILED
Feb 23, 2010
Secretary of State

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

Current Principal Place of Business:

315 NORTH SUNSET BLVD.
GULF BREEZE, FL 32561 US

New Principal Place of Business:

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
Name: CALDWELL, MILLER
Address: 107 SHORELINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D
Name: ROBINSON, MRS. JAMES C JR
Address: 9891 HEATHER DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: T
Name: ZIEMAN, MRS. STEPHEN F
Address: 315 NORTH SUNSET
City-St-Zip: GULF BREEZE, FL 32561

Title: D
Name: WILLIAMS, JAY D(MRS)
Address: 1401 N BARCELONA ST
City-St-Zip: PENSACOLA FL,

Title: D
Name: LEIDNER, MRS. ROBERT
Address: 617 NORTH 19TH AVENUE
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: ANDERSON, MRS. RHETTE
Address: 3985 PIEDMONT ROAD
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN F.X.ZIEMAN

MRS.

02/23/2010

Electronic Signature of Signing Officer or Director

Date