

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719142** (2)  
1. Corporation Name  
**THE DEBUTANTE SOCIETY OF CENTRAL BREVARD, INC.**



Principal Place of Business <b>C/O MRS MARY ANN L. KELLY 3711 WARWICK DR COCOA FL 32926</b>	Mailing Address <b>C/O MRS MARY ANN L. KELLY 3711 WARWICK DR COCOA FL 32926-8739</b>
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3. Date Incorporated or Qualified <b>08/17/1970</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>41-1123321</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent  
**KELLY, MARY ANN L.  
3711 WARWICK DR.  
COCOA FL 32926**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>DAVIS, REBECCA</b>
CITY-ST-ZIP	<b>805 HERON DR. MERRITT ISLAND FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P D</b>
STREET ADDRESS	<b>BRODAN, SUSAN</b>
CITY-ST-ZIP	<b>1531 INDIAN RIVER DR. COCOA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP D</b>
STREET ADDRESS	<b>OERTEL, ANNE</b>
CITY-ST-ZIP	<b>1310 LESLIE DR. MERRITT ISLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CS</b>
STREET ADDRESS	<b>GARELL, KAY</b>
CITY-ST-ZIP	<b>4411 CROOKED MILE RD. MERRITT ISLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T</b>
STREET ADDRESS	<b>KELLY, MARY ANN L.</b>
CITY-ST-ZIP	<b>3711 WARWICK DR COCOA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>K.P.</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARQUERITE Newbern</b>
2.3 STREET ADDRESS	<b>1489 Rockledge Dr.</b>
2.4 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>See D</b>
3.3 STREET ADDRESS	<b>Jeanette Sullivan</b>
3.4 CITY-ST-ZIP	<b>1705 Indian River Dr. Cocoa, FL 32922</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann L. Kelly **4/28/97** **407-636-6637**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019081

CR2E037 (9/96)