

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **719142** (2)
1. Corporation Name
THE DEBUTANTE SOCIETY OF CENTRAL BREVARD, INC.

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| Principal Place of Business | Mailing Address |
| C/O MRS MARY ANN L. KELLY 3711 WARWICK DR COCOA FL 32926 | C/O MRS MARY ANN L. KELLY 3711 WARWICK DR COCOA FL 32926 |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 25 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 30 Country |

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|--|--|
| 3. Date Incorporated or Qualified 08/17/1970 | |
| 4. FEI Number 41-1123321 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| KELLY, MARY ANN L. 3711 WARWICK DR. COCOA FL 32926 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--------------------------|
| TITLE | PD | 1.1 TITLE | D |
| NAME | DAVIS, REBECCA | 1.2 NAME | DAVIS, Rebecca |
| STREET ADDRESS | 605 HERON DR. | 1.3 STREET ADDRESS | 605 Heron Dr. |
| CITY-ST-ZIP | MERRITT ISLAND FL | 1.4 CITY-ST-ZIP | Merritt Island, FL 32952 |
| TITLE | VP | 2.1 TITLE | VP |
| NAME | NEWBERN, MARGUERITE | 2.2 NAME | Susan Brodman |
| STREET ADDRESS | 1489 ROCKLEDGE DR | 2.3 STREET ADDRESS | 1531 N. INDIAN RIVER DR. |
| CITY-ST-ZIP | ROCKLEDGE FL | 2.4 CITY-ST-ZIP | Cocoa, FL 32922 |
| TITLE | SD | 3.1 TITLE | S |
| NAME | SULLIVAN, JEANETTE | 3.2 NAME | Oertel, Anne |
| STREET ADDRESS | 1708 INDIAN RIVER DR | 3.3 STREET ADDRESS | 1370 Lealie Dr. |
| CITY-ST-ZIP | COCOA FL | 3.4 CITY-ST-ZIP | Merritt Island, FL 32952 |
| TITLE | CS | 4.1 TITLE | PD |
| NAME | GARELL, KAY | 4.2 NAME | Newbern, MARGE |
| STREET ADDRESS | 4411 CROOKED MILE RD. | 4.3 STREET ADDRESS | 1789 Rockledge Dr |
| CITY-ST-ZIP | MERRITT ISLAND FL | 4.4 CITY-ST-ZIP | Rockledge, FL 32955 |
| TITLE | T | 5.1 TITLE | |
| NAME | KELLY, MARY ANN L. | 5.2 NAME | |
| STREET ADDRESS | 3711 WARWICK DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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* 4/28/98 407-636-6637

CR2E037 (10/97)