

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719142

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** THE DEBUTANTE SOCIETY OF CENTRAL BREVARD, INC.

**Current Principal Place of Business:**

2125 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

3620 LINNEA ROAD  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

2125 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

3620 LINNEA ROAD  
MERRITT ISLAND, FL 32952

**FEI Number:** 41-1123321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, SHARON F  
2125 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

ROBBINS, JULIE O  
3620 LINNEA ROAD  
MERRITT ISLAND, FL 32952 US

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: JULIE ROBBINS

03/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEWBERN, MARGE  
Address: 1789 ROCKLEDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: BRODNAN, SUSAN  
Address: 1531 N INDIAN RIVER DR  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: DAVIS, REBEKAH C  
Address: 605 HERON DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete  
Name: MOORE, SHARON  
Address: 2125 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOORE, SHARON  
Address: 2125 SOUTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V (X) Change ( ) Addition  
Name: CONFORTI, MARY  
Address: 400 WINDTAMER WAY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S (X) Change ( ) Addition  
Name: FINNEY, DEE DEE  
Address: 13 N HARDEE CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Change ( ) Addition  
Name: ROBBINS, JULIE  
Address: 3620 LINNEA ROAD  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIE ROBBINS

T

03/29/2005

Electronic Signature of Signing Officer or Director

Date