## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#719142**

FILED Apr 02, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3620 LINNEA ROAD

MERRITT ISLAND, FL 32952

Current Mailing Address: 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: 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:

Flateria Circular FD video I Arrel

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MOORE, SHARON
 Name:
 DAVIS, DEBBIE

 Address:
 2125 SOUTH TROPICAL TRAIL
 Address:
 860 CARAMBOLA DRIVE

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:
 MERRITT ISLAND, FL 32952

Title: V ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 CONFORTI, MARY
 Name:
 STEELE, PEGGY

 Address:
 400 WINDTAMER WAY
 Address:
 1135 CARRIGAN

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$ 

 Name:
 FINNEY, DEE DEE
 Name:
 CONFORTI, MARY

 Address:
 13 N HARDEE CIRCLE
 Address:
 400 WINDTAMER WAY

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 MERRITT ISLAND, FL 32952

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROBBINS, JULIE
 Name:

 Address:
 3620 LINNEA ROAD
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE ROBBINS T 04/02/2006