

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90741 035 ****61.25

DOCUMENT # 719142

1. Entity Name

THE DEBUTANTE SOCIETY OF CENTRAL BREVARD, INC.



Principal Place of Business

**C/O MRS. SHARON MOORE
2125 SOUTH TERRACE TRAIL
MERRITT ISLAND FL 32952**

Mailing Address

**C/O MRS. SHARON MOORE
2125 SOUTH TERRACE TRAIL
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

2125 S. TROPICAL TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MERRITT ISLAND FL

Zip

Country

Zip

Country

32952

USA

4. FEI Number **41-1123321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NEWBERN, MARGE**
STREET ADDRESS **1789 ROCKLEDGE DR**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☐ Delete
NAME **BRODNAN, SUSAN**
STREET ADDRESS **1531 N INDIAN RIVER DR**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete
NAME **DAVIS, REBEKAH C**
STREET ADDRESS **605 HERON DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER (OFFICER)** ☐ Change ☒ Addition
NAME **SHARON MOORE**
STREET ADDRESS **2125 S. TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND, FL. 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Moore

4/14/03

321-453-8224

CR2E037 (10/02)