

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 23 PM 3:34

**DOCUMENT # N30413 (1)**

1. Corporation Name  
**ROSALIE JAMES CIRCLE OF THE INTERNATIONAL ORDER OF THE KING'S DAUGHTERS AND SONS, INCORPORATED**

Principal Place of Business Mailing Address  
**% MRS. ELOISE HERDON** **% MRS. ELOISE HERDON**  
**42 MAGNOLIA AVE.** **P. O. BOX 5166**  
**ST. AUGUSTINE FL 32084** **ST. AUGUSTINE FL 32085-5166**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/30/1989</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-6134738</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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 Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent  
**NEELANDS, FRANCES**  
**1505 SAN RAFAEL WAY**  
**ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent  
81 Name  
**JEAN HARDEN**  
82 Street (P.O. Box Number is Not Acceptable)  
**6301 Costaneros**  
83 **St. Augustine, FL 32084**  
84 City **St. Augustine,** FL 85 **32084**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jean Harden* **Jean Harden, President** 2/14/95  
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when installing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>
NAME	<b>NEELANDS, FRANCES</b>
STREET ADDRESS	<b>1505 SAN RAFAEL WAY</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>V/D</b>
NAME	<b>PETERSON, BERNICE</b>
STREET ADDRESS	<b>1140 ALCALA DR</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>S/D</b>
NAME	<b>GAMBERG, ADELAIDE</b>
STREET ADDRESS	<b>100 MAGNOLIA ST</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>TD</b>
NAME	<b>MURRAY, JANE</b>
STREET ADDRESS	<b>7437 A1A SOUTH</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>SD</b>
NAME	<b>IMLAY, LOIS</b>
STREET ADDRESS	<b>1085 WINTERHAWK DR.</b>
CITY - ST - ZIP	<b>ST AUGUSTINE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Harden, Jean</b>	
13 STREET ADDRESS	<b>6301 Costaneros</b>	
14 CITY - ST - ZIP	<b>St. Augustine, FL 32084</b>	
21 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>McCaskey, Betty</b>	
23 STREET ADDRESS	<b>3350 A1A South, #22</b>	
24 CITY - ST - ZIP	<b>St. Augustine, FL 32084</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Williams, Marianne</b>	
43 STREET ADDRESS	<b>24 Locust St.</b>	
44 CITY - ST - ZIP	<b>St. Augustine, FL 32084</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Jane R. Murray* **Jane R. Murray** 2/14/95 (904)826-0011  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)