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Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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.  
42 MAGNOLIA AVE.,  
ST. AUGUSTINE FL 32084% MRS. ELOISE HERDON.  
P. O. BOX 5168  
ST. AUGUSTINE FL 32085-5168  
US3. Date Incorporated or Qualified  
01/30/19893a. Date of Last Report  
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEELANDS, FRANCES  
1505 SAN RAFAEL WAY  
ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HARDEN, JEAN  
STREET ADDRESS 6301 COSTANEROS  
CITY-ST-ZIP ST. AUGUSTINE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME MCCASKEY, BETTY  
STREET ADDRESS 3350 A1A SOUTH, #22  
CITY-ST-ZIP ST. AUGUSTINE FL2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VD Haynes, Elizabeth  
2.3 STREET ADDRESS 27 Riberia Street  
2.4 CITY-ST-ZIP St. Augustine, FLTITLE VD ☒ DELETE  
NAME ABICHT, SUSAN  
STREET ADDRESS 3237 TURTLE CREEK RD  
CITY-ST-ZIP ST AUGUSTINE FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME VD Murray, Jane  
3.3 STREET ADDRESS 7337 A1A South  
3.4 CITY-ST-ZIP St. Augustine, FLTITLE SD ☐ DELETE  
NAME MARGO, POPE  
STREET ADDRESS 226 COQUINA AVE  
CITY-ST-ZIP ST AUGUSTINE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME MURRAY, JANE  
STREET ADDRESS 7437 A1A SOUTH  
CITY-ST-ZIP ST. AUGUSTINE FL5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME TD Fischer, Marge  
5.3 STREET ADDRESS 890 A1A Beach Blvd. #75  
5.4 CITY-ST-ZIP St. Augustine, FLTITLE SD ☐ DELETE  
NAME PRUITT, BILLIE  
STREET ADDRESS 1 LUWANNA CIR  
CITY-ST-ZIP ST AUGUSTINE FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *Margaret E. Murch* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 1997

904-471-0937

CR2E037 (9/96)