

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>% MRS. ELOISE HERDON. 42 MAGNOLIA AVE. ST. AUGUSTINE FL 32084</b>	Mailing Address <b>% MRS. ELOISE HERDON. P. O. BOX 5166 ST. AUGUSTINE FL 32085-5166 US</b>
---	---

3. Date Incorporated or Qualified  
**01/30/1989**

4. FEI Number  
**59-6134738**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARDEN, JEAN 6301 COSTANEROS ST. AUGUSTINE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD HAYNES, ELIZABETH 27 RIBERIA ST ST. AUGUSTINE FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD MURRAY, JANE 73437 A1A SOUTH ST AUGUSTINE FL	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD MARGO, POPE 226 COQUINA AVE ST AUGUSTINE FL	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD FISHER, MARGE 890 A1A BEACH BLVD 75 ST. AUGUSTINE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD PRUITT, BILLIE 1 LUWANNA CIR ST AUGUSTINE FL	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE		VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		GORDY, MARGARET	
1.3 STREET ADDRESS		25 CINCINNATI AVE	
1.4 CITY-ST-ZIP		ST AUGUSTINE, FL	
2.1 TITLE		SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		INGRAM, WYNELLE	
2.3 STREET ADDRESS		621 QUEEN RD	
2.4 CITY-ST-ZIP		ST AUGUSTINE, FL	
3.1 TITLE		TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		FISCHER, MARGE	(CORRECTION TO SPELLING)
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		ROBBIN, AUDREY	
4.3 STREET ADDRESS		140 MARKLAND PL.	
4.4 CITY-ST-ZIP		ST AUGUSTINE, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1-25-98** Daytime Phone #: **904-471-0937**

CR2E037 (10/97)