

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90170 017 ****61.25

DOCUMENT # N30413

1. Entity Name

ROSALIE JAMES CIRCLE OF THE INTERNATIONAL ORDER

Principal Place of Business

**% MRS. ELOISE HERDON.
 42 MAGNOLIA AVE.,
 ST. AUGUSTINE FL 32084**

Mailing Address

**% MRS. ELOISE HERDON.
 P. O. BOX 5166
 ST. AUGUSTINE FL 32085-5166
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6134738**

Applied For
 Not Applicable

Zip Country Zip Country

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

**MURRAY, JANE R
 7437 HWY A1A SOUTH
 ST. AUGUSTINE, FL 32084**

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURRAY, JANE R	
STREET ADDRESS	7437 HWY A1A S.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084-8202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARDEN, JEAN	
STREET ADDRESS	6301 COASTANERO RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GORDY, MARGARET	
STREET ADDRESS	25 CINCINNATI AVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRANDON, KATHARINE	
STREET ADDRESS	22 CAMARES AVE #98	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARDEN, JIMMIE W	
STREET ADDRESS	6301 COSTANERO RD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, MINNA	
STREET ADDRESS	12 D'AYALLON AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REFOSCO, JANE	
STREET ADDRESS	197 ROSCOE BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANFIELD, SALLY	
STREET ADDRESS	718 SACOCT	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JANE R. MURRAY 2/29/00 904/826-0011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)