


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90058 040 ****61.25

DOCUMENT # N30413			
1. Entity Name ROSALIE JAMES CIRCLE OF THE INTERNATIONAL ORDER OF THE KING'S DAUGHTERS AND SONS, INCORPORATED			
Principal Place of Business PO BOX 5166 SAINT AUGUSTINE, FL 32085 US		Mailing Address PO BOX 5166 P. O. BOX 5166 SAINT AUGUSTINE, FL 32085 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHUGART, RUTH 2214 SHORE DRIVE SAINT AUGUSTINE, FL 32086		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHUGART, RUTH 2214 SHORE DRIVE SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Same as opposite <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, NETTIE R 141 OVIEDA ST SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carolyn DePalma 196 Azalea Avenue St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, PAT 46 COQUINA AVE SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Same as opposite <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUITT, TSILLIE ONE LUWANNA CIRCLE SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vivian Maguire 3056 Coastal Highway St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, JUANNE 91 NORTH ST AUGUSTINE BLVD ST. AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Audrey Robbins 140 Markland Place St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTFALL, FLORENCE 1 LINDA MAR SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ann Bostwick 6170 AIA South # 209 St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Ruth Shugart (Ruth Shugart)</u>		Date: <u>1/24/05</u> Daytime Phone #: <u>(904) 794-0720</u>	

50007507



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6134738 Applied For Not Applicable

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

ATTACHMENT

50007507

Document #N30413

Rosalie James Circle
International Order of the King's Daughters and Sons
P. O. Box 5166
St. Augustine, FL 32085

The Officers and Directors of the Rosalie James Circle
(in a typed, more legible form)

President:

Carolyn DePalma
196 Azalea Avenue
St. Augustine, FL 32080

Vice President:

Ann Bostwick
6170 A1A South, #209
St. Augustine, FL 32080

Secretary:

Vivian Maguire
3056 Coastal Highway
St. Augustine, FL 32084

Treasurer:

Ruth Shugart
2214 Shore Drive
St. Augustine, FL 32086

Director:

Audrey Robbins
140 Markland Place
St. Augustine, FL 32084

Director:

Pat Fisher
46 Coquina Avenue
St. Augustine, FL 32080