

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90094 005 ****61.25

DOCUMENT # N30413

1. Entity Name

ROSALIE JAMES CIRCLE OF THE INTERNATIONAL
ORDER OF THE KING'S DAUGHTERS AND SONS,



Principal Place of Business

Mailing Address

PO BOX 5166
SAINT AUGUSTINE FL 32085
US

PO BOX 5166
P. O. BOX 5166
SAINT AUGUSTINE FL 32085
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6134738

Applied For

Not Applicable

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

SHUGART, RUTH
2214 SHORE DRIVE
SAINT AUGUSTINE FL 32086

Name
EARLENE CARSON
Street Address (P.O. Box Number is Not Acceptable)
2406 Vista Cove Rd

City
St. Augustine **FL** Zip Code
32084

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

Earlene Carson
(NOTE: Registered Agent signature required when reinstating)

1/28/2007
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
T
SHUGART, RUTH ☒ Delete
2214 SHORE DRIVE
SAINT AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T ☐ Change ☒ Addition
CARSON, EARLENE
2406 Vista Cove Rd.
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P ☐ Delete
DEPALMA, CAROLYN
196 AZALEA AVENUE
SAINT AUGUSTINE FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Change ☐ Addition
SAME AS OPPOSITE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Delete
KEYSER, SHIRLEY
431 MARSH POINT CIRCLE
SAINT AUGUSTINE FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Change ☒ Addition
EARLENE CARSON
2406 Vista Cove Rd
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S ☒ Delete
MAGUIRE, VIVIAN
3056 COASTAL HIGHWAY
SAINT AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S ☐ Change ☒ Addition
INGRAM, Wynelle
621 Queen Road
St. Augustine, FL 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
ROBBINS, AUDREY
140 MARKLAND PLACE
SAINT AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V ☐ Change ☒ Addition
SAME AS OPPOSITE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V ☒ Delete
BOSTWICK, ANN
6170 A/A SOUTH #209
SAINT AUGUSTINE FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Change ☒ Addition
INGRAM Wynelle
621 Queen Road
St. Augustine, FL 32086

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Earlene Carson (EARLENE CARSON)** **1/28/2007** **1-904-824-3737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR