

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

4. FEI Number Applied For
 59-6134738 Not Applicable

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



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
 SHUGART, RUTH
 2214 SHORE DRIVE
 SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
 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 Earlene Carson 1/28/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
T SHUGART, RUTH 2214 SHORE DRIVE SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete	T CARSON, EARLENE 2406 Vista Cove Rd. St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P DEPALMA, CAROLYN 196 AZALEA AVENUE SAINT AUGUSTINE FL 32080	<input type="checkbox"/> Delete	D SAME AS OPPOSITE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KEYSER, SHIRLEY 431 MARSH POINT CIRCLE SAINT AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete	D EARLENE CARSON 2406 Vista Cove Rd. St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S MAGUIRE, VIVIAN 3056 COASTAL HIGHWAY SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete	S INGRAM, WYNELLE 621 Queen Road St. Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ROBBINS, AUDREY 140 MARKLAND PLACE SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete	V SAME AS OPPOSITE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V BOSTWICK, ANN 6170 A/A SOUTH #209 SAINT AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete	D INGRAM WYNELLE 621 Queen Road St. Augustine, FL 32086	<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 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