




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 025 ****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 - No P.O. Box # P.O. Box 5166		3. Mailing Address P.O. Box 5166	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine FL	
Zip 32085	Country st. Johns	Zip 32085	Country st. Johns
4. FEI Number 59-6134738		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02132008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CARSON, EARLENE 2406 VISTA COVE RD. SAINT AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Carolyn De Palma Street Address (P.O. Box Number is Not Acceptable) 196 AZALEA Ave. City St. Augustine FL Zip Code 32080	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 02/13/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by May 1, 2008		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	T CARSON, EARLENE 2406 VISTA COVE RD. SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anna C. Bostwick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6170 DALIA south unit 209 St. Augustine FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPALMA, CAROLYN 196 AZALEA AVENUE SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CAROLYN De Palma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 196 AZALEA AVENUE St. Augustine FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, EARLENE 2406 VISTA COVE RD. SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYNELLE, INGRAM 621 QUEEN RD. SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBBINS, AUDREY 140 MARKLAND PLACE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date February March 13, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	