


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. 		02132008 Chg-NP CR2E037 (12/06)	
City & State St. Augustine, FL		City & State St. Augustine FL		4. FEI Number 59-6134738	
Zip 32085		Country st. Johns		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 Carolyn Moran De Palma <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 02/13/08	
Filing Fee is \$61.25 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 T	NAME CARSON, EARLENE		TITLE T	NAME Anna C. Bostwick	
STREET ADDRESS 2406 VISTA COVE RD.	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		STREET ADDRESS 6170 AIA South Unit 209	CITY-ST-ZIP St. Augustine FL 32080	
TITLE D	NAME DEPALMA, CAROLYN		TITLE President	NAME Carolyn De Palma	
STREET ADDRESS 196 AZALEA AVENUE	CITY-ST-ZIP SAINT AUGUSTINE, FL 32080		STREET ADDRESS 196 AZALEA AVENUE	CITY-ST-ZIP St. Augustine FL 32080	
TITLE D	NAME CARSON, EARLENE				
STREET ADDRESS 2406 VISTA COVE RD.	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084				
TITLE SD	NAME WYNELLE, INGRAM				
STREET ADDRESS 621 QUEEN RD.	CITY-ST-ZIP SAINT AUGUSTINE, FL 32086				
TITLE V	NAME ROBBINS, AUDREY				
STREET ADDRESS 140 MARKLAND PLACE	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084				
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
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: Carolyn Moran De Palma <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date February March 13, 2008	
				Daytime Phone #	