

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N30413

Entity Name: ROSALIE JAMES CIRCLE OF THE INTERNATIONAL ORDER OF THE KING'S DAUGHTERS AND SONS, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

733 SACO CT
SAINT AUGUSTINE, FL 32086 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6134738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMA, CAROLYN D
196 AZEALEA AVE.
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOSTWICK, ANN C
Address: 6170 A1A SOUTH UNIT 209
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: DEPALMA, CAROLYN
Address: 196 AZALEA AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Delete
Name: CARSON, EARLENE
Address: 2406 VISTA COVE RD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD (X) Delete
Name: WYNELLE, INGRAM
Address: 621 QUEEN RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V () Delete
Name: ROBBINS, AUDREY
Address: 140 MARKLAND PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CANFIELD, SALLY M
Address: 733 SACO CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY M CANFIELD

T

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date