

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90143 005 \*\*\*\*70.00

**DOCUMENT # N00000006731**

1. Entity Name

**THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM, KNIGHTS HOSPITALLER, COMMANDERY OF THE PALM BEACHES**

Principal Place of Business

505 S. FLAGLER DR., STE. 100  
 WEST PALM BEACH FL 33401

Mailing Address

115 CASCADE LANE  
 PALM BEACH SHORES FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1059871**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HENRY, THORNTON M**  
**505 S. FLAGLER DR., STE. 100**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> Delete
NAME	TURNER, SUZANNE	
STREET ADDRESS	2811 VILLAGE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	ROSINSKY, CLAUDE	
STREET ADDRESS	200 EL BRILLO	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANDEN, GALE GAYLE	
STREET ADDRESS	158 LOST BRIDGE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENRY, THORNTON M	
STREET ADDRESS	3028 WASHINGTON RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, DR XAVIER	
STREET ADDRESS	502 28TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALL, JOSEPHINE	
STREET ADDRESS	1060 PARK AVENUE APT 3-C	
CITY-ST-ZIP	NEW YORK NY 10128	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, SUZANNE	
STREET ADDRESS	2811 VILLAGE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSINSKY, CLAUDE	
STREET ADDRESS	200 EL BRILLO	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDEN, GAYLE	
STREET ADDRESS	158 LOST BRIDGE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP L. ARVIDSON	
STREET ADDRESS	4 TARRINGTON CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER BOHLMAN	
STREET ADDRESS	771 N.E. 72nd ST.	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS WILLIAMS	
STREET ADDRESS	6660 NW 84th AVENUE	
CITY-ST-ZIP	PARKLAND, FL 33067	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Suzanne Turner **SUZANNE TURNER** 3/11/02 561-309-5946

CR2E037 (9/01)

Attachment # N00000006731

T  
JOHN SHAFER

1701 S. FLAGLER DRIVE, SUITE 807  
WEST PALM BEACH, FL 33401

T  
JOHN MARSHALL  
575 S. FLAGLER DRIVE  
WEST PALM BEACH, FL  
33401

T

GREGORY SCHULTZ  
64 SPRING POND DRIVE  
OSSINING, NEW YORK 10562-2034

345446

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TP

JOYCE PIERSANTI  
115 CASCADE LANE  
PALM BEACH SHORES, FL 33404

T

PAULA NICOLETTI  
946 S. PATRICK CIRCLE  
WEST PALM BEACH, FL 33406-4476

T

RENEE H. MORRISON  
336 EL VEDADO  
PALM-BEACH, FL 33480

T

JAY HIRSCH  
44 COCONUT ROW  
PALM BEACH, FL 33480

T

PAUL HAMBLIN  
102 HARBORSIDE CIRCLE  
JUPITER, FLORIDA  
33477