


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90205 025 \*\*\*\*61.25

<b>DOCUMENT # N00000006731</b>					
<b>1. Entity Name</b> THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM, KNIGHTS HOSPITALLER, COMMANDERY OF THE PALM BEACHE					
<b>Principal Place of Business</b> 505 S. FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 2811 VILLAGE BLVD WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1059871	
Zip		Zip		Country	
				Country	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JONES FOSTER SERVICE, LLC 505 S. FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDEN, GAILE		NAME		
STREET ADDRESS	158 LOST BRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	TP	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, THORNTON M		NAME		
STREET ADDRESS	3028 WASHINGTON RD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP, ARVIDSON L		NAME		
STREET ADDRESS	4 TARRINGTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, BOHLMAN		NAME		
STREET ADDRESS	771 NE 72ND ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gregory W. Schultz	
STREET ADDRESS			STREET ADDRESS	8853 Via Grande East	
CITY-ST-ZIP			CITY-ST-ZIP	Wellington, FL 33411	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> _____		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06			

ATTACHMENT 40080902

XXXXXXXX06731

CORPORATION ANNUAL REPORT (Continuation)

10. Continuation of list of Officers.

Title	Name of Officer/Directors	Street Address	City/State/Zip
T	Assaf, Kathy	21095 Hamlin Drive	Boca Raton, FL 33433
T	Assaf, Ronald	21095 Hamlin Drive	Boca Raton, FL 33433
T	Carson, Dorothy	17 Duke Drive	Lake Worth, FL 33460
T	Dry, Nita	1060 Coral Way	Singer Island, FL 33404
T	Garcia, Judith	6519 Marbletree Lane	Lake Worth, FL 33467
T	Joh, Erik	11 Country Road	Village of Golf, FL 33436
T	Lyman, Curtis	39 Via del Corso	Palm Beach Gardens, FL 33418
T	Metcalfe, Alison	403 Mainsail Circle	Jupiter, FL 33477
T,S	Schoech, Charles	14058 Greentree Trail	Wellington, FL 33414
T	Shalhoub, Robert	1011 North Olive Avenue	West Palm Beach, FL 33401
T	Sloane, Martin	1115 Riverside Drive	Stuart, FL 34996
T,T	Thomas, John F.	1938 Portage Landing North	North Palm Beach, FL 33408
T,VP	Williams, Joseph	6660 NW 84 <sup>th</sup> Avenue	Parkland, FL 33067
T	Williams, Lois	6660 NW 84 <sup>th</sup> Avenue	Parkland, FL 33067

**JONES  
FOSTER  
JOHNSTON  
& STUBBS, P.A.**  
Attorneys and Counselors

**ATTACHMENT**

40080902

NO00006006731  
Flagler Center Tower, Suite 1100  
505 South Flagler Drive  
West Palm Beach, Florida 33401  
Telephone (561) 659-3000

*Mailing Address*  
Post Office Box 3475  
West Palm Beach, Florida 33402-3475

**Christine G. Ruffini**  
Direct Dial: (561) 650-0449  
Direct Fax: (561) 650-0485  
E-Mail: cruffini@jones-foster.com

April 28, 2006

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Department of State  
Division of Corporations  
409 East Gains Street  
Tallahassee, Florida 32301

RE: Annual Report

Dear Sir/Madam:

Enclosed please find the Annual Report for The Sovereign Order of St. John of Jerusalem, Knights Hospitaller, Commandery of the Palm Beaches. Also enclosed is our firm's check in the amount of \$61.25 to cover the cost of filing the report. Please date stamp the copy of this letter and report and return it in the envelope enclosed.

Should you require further information in regard to this matter, please give me a call.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By Christine Ruffini  
Christine G. Ruffini  
Paralegal

Enclosures

cc: Thornton M. Henry, Esq.

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