


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90199 020 ****70.00

DOCUMENT # N04000003133			
1. Entity Name THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM KNIGHTS HOSPITALLER, COMMANDERY OF NICARAGUA, INC.			
Principal Place of Business C/O THE COLONNADE, SUITE 550 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Mailing Address C/O THE COLONNADE, SUITE 550 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address <i>133 Rosewood Circle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Jupiter FL</i>	
Zip	Country	Zip	Country
<i>33458</i>	<i>USA</i>	<i>33458</i>	<i>USA</i>
4. FEI Number <i>30-0970460</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, ANDREAS M C/O THE COLONNADE, SUITE 550 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <i>Helena Bobbs-Edie</i> Street Address (P.O. Box Number is Not Acceptable) <i>133 Rosewood Circle</i> City <i>Jupiter</i> FL Zip Code <i>33458</i>	
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 <i>Helena Bobbs-Edie</i>		DATE <i>4/27/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DOROTHY	NAME	
STREET ADDRESS	17 DUKE STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, ANDREAS	NAME	<i>Centuro Chamorro</i>
STREET ADDRESS	2333 PONCE DE LEON BLVD., SUITE 550	STREET ADDRESS	<i>7180 SW 136 Street</i>
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	<i>Miami FL 33156</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSANTI, JOYCE	NAME	
STREET ADDRESS	255 EVERNIA STREET, #1205	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSINSKY, CLAUDE	NAME	
STREET ADDRESS	255 EVERNIA STREET, #1205	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
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	
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	
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 reports 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 of 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: <i>Joyce Piersanti</i>		DATE: <i>4/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
JOYCE PIERSANTI		561-835-8379	
		Daytime Phone #	

66019618



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