

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N04000003133

Entity Name: THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM KNIGHTS HOSPITALLER, COMMANDERY OF NICARAGUA, INC.

Current Principal Place of Business:

C/O THE COLONNADE, SUITE 550
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

133 ROSEWOOD CIRCLE
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 20-0976460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: D () Delete
Name: CARSON, DOROTHY
Address: 17 DUKE STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: PIERSANTI, JOYCE
Address: 255 EVERNIA STREET, #1205
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ROSINSKY, CLAUDE
Address: 255 EVERNIA STREET, #1205
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: CHAMORRO, CARTURO
Address: 7180 SW 136 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ROSINSKY, CLAUDE D
Address: 200 EL BRILLO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: V/D (X) Change () Addition
Name: SOLORSANO, SILVIO A
Address: SOVIPE KM5
City-St-Zip: CARRETERA NORTE, NI

Title: S/D (X) Change () Addition
Name: PORTA, ZENOBIA
Address: 13008 SW 88TH TERRACE NORTH
City-St-Zip: MIAMI, FL 33186

Title: T/D (X) Change () Addition
Name: CHAMORRO, ARTURO
Address: 7180 SW 136 STREET
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDE ROSINSKY

P/D

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date