

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009466

Entity Name: ORDER OF ST. JOHN OF JERUSALEM, KNIGHTS
HOSPITALLER OF FLORIDA INC.**FILED**
Mar 19, 2018
Secretary of State
CC4176888529**Current Principal Place of Business:**CARE OF: ISABELLE K. PAUL
1771 SABAL PALM DR
BOCA RATON, FL 33432**Current Mailing Address:**CARE OF: ISABELLE K. PAUL
1771 SABAL PALM DR
BOCA RATON, FL 33432 US**FEI Number: 27-3684638****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOORE, ROBERT H
11814 NORTH LAKE DRIVE
BOYNTON BEACH, FL 33436 US*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**Officer/Director Detail :**

Title	PRESIDENT (COMMANDER), AND TRUSTEE
Name	PAUL, ISABELLE K
Address	1771 SABAL PALM DRIVE
City-State-Zip:	BOCA RATON FL 33432

Title	SECRETARY, AND TRUSTEE
Name	WILLIS, KAREN KRUMHOLTZ
Address	900 S. W. 11TH COURT
City-State-Zip:	BOCA RATON FL 33486

Title	TRUSTEE AND HOSPITALLER
Name	BALLERANO, JAMES A JR.
Address	21083 SWEETWATER LANE, NORTH
City-State-Zip:	BOCA RATON FL 33428

Title	TRUSTEE
Name	CSAR, MARY
Address	801 S. W. 16TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	1ST VICE PRESIDENT (1ST VICE COMMANDER), AND TRUSTEE
Name	GAVRILOS, JAMES
Address	6784 PALMETTO CIRCLE SOUTH #101
City-State-Zip:	BOCA RATON FL 33433

Title	TREASURER, AND TRUSTEE
Name	HOLBROOK, FRANCINE D
Address	1600 SOUTH BAYSHORE LANE #6-B
City-State-Zip:	MIAMI FL 33133

Title	TRUSTEE
Name	LABRIE, ELLEN
Address	P. O. BOX 4780
City-State-Zip:	PORTSMOUTH NH 03802

Title	TRUSTEE
Name	MOORE, ROBERT
Address	11814 NORTH LAKE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

I hereby 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 all other like empowered.

SIGNATURE: FRANCINE D HOLBROOK**DIRECTOR AND
TREASURER****03/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date