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.

PRESIDENT

#### SIGNATURE: KEITH CARSON

Electronic Signature of Signing Officer/Director Detail

#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N13000005677

Entity Name: SOVEREIGN HOSPITALLER ORDER OF ST. JOHN OF JERUSALEM INC.

#### Current Principal Place of Business:

11150 N WILLIAMS STREET SUITE 108 DUNNELLON, FL 34432

# **Current Mailing Address:**

11150 N WILLIAMS STREET SUITE 108 DUNNELLON, FL 34432 US

## FEI Number: 46-3026868

## Name and Address of Current Registered Agent:

CARSON, KEITH 11150N WILLIAMS STREET SUITE 108 DUNNELLON, FL 34432 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

### **Officer/Director Detail :**

Title	PSTD	Title	D
Name	CARSON, KEITH	Name	THOMPSON, PAUL
Address	11150 N WILLIAMS STREET SUITE 108	Address	11150 N WILLIAMS STREET SUITE 108
City-State-Zip:	DUNNELLON FL 34432	City-State-Zip:	DUNNELLON FL 34432
Title	D		
Name	YTURRIA, FRANK		
Address	11150 N WILLIAMS STREET SUITE 108		
City-State-Zip:	DUNNELLON FL 34432		

Certificate of Status Desired: No

# FILED Jan 22, 2017 Secretary of State CC2800392250

01/22/2017 Date

Date