

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003633

Entity Name: FOUNDATION ORDER OF MALTA, INC.**Current Principal Place of Business:**2655 SOUTH LEJEUNE ROAD
SUITE 918
CORAL GABLES, FL 33134**Current Mailing Address:**2655 SOUTH LEJEUNE ROAD
SUITE 918
CORAL GABLES, FL 33134 US**FEI Number:** 65-0429382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLINAL, ANGEL V
2655 SOUTH LEJEUNE ROAD
SUITE 918
CORAL GABLES, FL 33134 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:** ANGEL V GALLINAL

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CENTURION, JOSE JOAQUIN DR.
Address 2655 SOUTH LEJEUNE ROAD
 SUITE 918
City-State-Zip: CORAL GABLES FL 33134

Title VP, DIRECTOR
Name FERNANDEZ, MAURICIO
Address 2655 SOUTH LEJEUNE ROAD
 SUITE 918
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY GENERAL, DIRECTOR
Name GALLINAL, ANGEL V
Address 2655 SOUTH LEJEUNE ROAD
 SUITE 918
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, DIRECTOR
Name CACERES, XAVIER
Address 2655 SOUTH LEJEUNE ROAD
 SUITE 918
City-State-Zip: CORAL GABLES FL 33134

Title HOSPITALLER, DIRECTOR
Name TORRES, JULIO DIONISIO DR.
Address 2655 SOUTH LEJEUNE ROAD
 SUITE 918
City-State-Zip: CORAL GABLES FL 33134

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: ANGEL V GALLINAL**SECRETARY GENERAL**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date