

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90091 028 \*\*\*\*61.25

20022879



<b>DOCUMENT # N00000006731</b>					
<b>1. Entity Name</b> THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM, KNIGHTS HOSPITALER, COMMANDERY OF THE PALM BEACHE					
<b>Principal Place of Business</b> 505 S. FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 2811 VILLAGE BLVD WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1059871	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HENRY, THORNTON M 505 S. FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name: <u>Jones Foster Service, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>505 S. Flagler Dr, Ste 1100</u> City: <u>West Palm Bch</u> FL <u>33401</u>		
<b>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:</b>  SIGNATURE: <u>[Signature]</u> Thornton M. Henry, Manager 3/10/05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: <u>TP</u> <input checked="" type="checkbox"/> Delete NAME: <u>TURNER, SUZANNE</u> STREET ADDRESS: <u>2811 VILLAGE BLVD.</u> CITY-ST-ZIP: <u>WEST PALM BEACH, FL 33409</u>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: <u>T</u> <input checked="" type="checkbox"/> Delete NAME: <u>ROSINSKY, CLAUDE</u> STREET ADDRESS: <u>200 EL BRILLO</u> CITY-ST-ZIP: <u>PALM BEACH, FL 33480</u>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: <u>TS</u> <input type="checkbox"/> Delete NAME: <u>LANDEN, GAILE</u> STREET ADDRESS: <u>158 LOST BRIDGE DR.</u> CITY-ST-ZIP: <u>PALM BEACH GARDENS, FL 33410</u>	TITLE: <u>T</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: <u>T</u> <input type="checkbox"/> Delete NAME: <u>HENRY, THORNTON M</u> STREET ADDRESS: <u>3028 WASHINGTON RD.</u> CITY-ST-ZIP: <u>WEST PALM BEACH, FL 33405</u>	TITLE: <u>TP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: <u>T</u> <input type="checkbox"/> Delete NAME: <u>PHILIP, ARVIDSON L</u> STREET ADDRESS: <u>4 TARRINGTON CIRCLE</u> CITY-ST-ZIP: <u>WEST PALM BEACH, FL 33407</u>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: <u>T</u> <input type="checkbox"/> Delete NAME: <u>CHRISTOPHER, BOHLMAN</u> STREET ADDRESS: <u>771 NE 72ND ST</u> CITY-ST-ZIP: <u>BOCA RATON, FL 33487</u>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
<b>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 report 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 or 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> THORNTON M. HENRY, PRES. 3/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

561-650-0432

# ATTACHMENT

20022879

# N00000006731

## CORPORATION ANNUAL REPORT (Continuation)

### 10. Continuation of list of Officers.

Title	Name of Officer/Directors	Street Address	City/State/Zip
TVP	Williams, Joseph	6660 NW 84 <sup>th</sup> Avenue	Parkland, FL 33067
TVPT	Thomas, John F.	1938 Portage Landing North	North Palm Beach, FL 33408
T	Marshall, John	575 S. Flagler Drive	West Palm Beach, Florida 33401
T	Assaf, Ronald	21095 Hamlin Drive	Boca Raton, FL 33433
T	Kathy Assaf	21095 Hamlin Drive	Boca Raton, FL 33433
TVP	Carson, Dorothy	17 Duke Drive	Lake Worth, FL 33460
T	Shalhoub, Robert	1011 N. Olive Avenue	West Palm Beach, FL 33401
TS	Schoech, Charles	14058 Greentree Trail	Wellington, FL 33414
T	Rene Henry	255 Evernia Street	West Palm Beach, FL 33401-5688
T	Judith Garcia	6519 Marbletree Lane	Lake Worth, FL 33467
T	Curtis Lyman	39 Via del Corso	Palm Beach Gardens, FL 33418
T	Erik Joh	11 Country Road	Village of Golf, FL 33436
T	Martin Sloane	1115 Riverside Drive	Stuart, FL 34996
T	Alison Metcalf	403 Mainsail Circle	Jupiter, FL 33477
T	Nita Dry	1060 Coral Way	Singer Island, FL 33404