

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008867

FILED
Mar 31, 2008
Secretary of State

Entity Name: THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM KNIGHTS HOSPITALLER, PRIORY OF THE EASTERN UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

2811 VILLAGE BLVD.
301
WEST PALM BCH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2811 VILLAGE BLVD.
#301
WEST PALM BCH, FL 33409

New Mailing Address:

FEI Number: 20-0461085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, SUZANNE
2811 VILLAGE BLVD
#301
WEST PALM BEACH, FL 33409 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: P/D () Delete
Name: TURNER, SUZANNE
Address: 2811 VILLAGE BLVD. #301
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: S/D () Delete
Name: SCHOFF, JAMES
Address: 443 BERWICK CIRCLE
City-St-Zip: AURORA, OH 44202

Title: VP/D () Delete
Name: WILLIAMS, JOSEPH
Address: 6660 N. W. 84TH AVE.
City-St-Zip: PARKLAND, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HENRY, THORNTON
Address: 505 S. FLAGLER DRIVE SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Change (X) Addition
Name: BAUER, FRANK W
Address: 4000 CATHEDRAL N. W.
City-St-Zip: WASHINGTON, DC 20006

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE TURNER

PRES

03/31/2008

Electronic Signature of Signing Officer or Director

Date