

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008867

FILED  
Feb 10, 2009  
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 (X) Delete  
Name: WILLIAMS, JOSEPH  
Address: 6660 N. W. 84TH AVE.  
City-St-Zip: PARKLAND, FL 33067

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

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

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

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

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

02/10/2009

Electronic Signature of Signing Officer or Director

Date