## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002376

FILED Apr 27, 2006 Secretary of State

Entity Name: THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM, KNIGHTS HOSPITALLER, MILITARY

HOSPITALLER COMMANDERY, INC.

Current Principal Place of Business: New Principal Place of Business:

625 N. FLAGLER DRIVE 1791 S. FLAGLER DRIVE

9TH FLOOR #807

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

625 N. FLAGLER DRIVE 1791 S. FLAGLER DRIVE

9TH FLOOR #807

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

FEI Number: 65-1059871 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOYLE FLANIGAN KATZ RAYMOND & SHEEHAN, P.A SHOE BOX BOOKKEEPING SERVICES, INC.

625 N. FLAGLER DRIVE 2581 JUPITER PARK DRIVE

9TH FLOOR SUITE E-21 WEST PALM BEACH, FL 33401 US JUPITER, FL 33458 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: HELENA I. DOBBS-EDIE 04/27/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: P/D (X) Change ( ) Addition Name: NICOLETTI, PAUL J Name: SHAFER, JONATHAN S

 Address:
 5863 GLEN EAGLE WAY
 Address:
 1791 S. FLAGLER DRIVE #807

 City-St-Zip:
 STUART, FL 349978627
 City-St-Zip:
 WEST PALM BEACH, FL 33401

Title: D ( ) Delete Title: V/D (X) Change ( ) Addition Name: SHAFER, JONATHAN S Name: MURPHY, JAMES B

Address: 7020 HALFMOON CIRCLE #305 Address: 116 DESOTA ROAD
City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete Title: S/D (X) Change ( ) Addition

 Name:
 RATCLIFF, DAVID E
 Name:
 BUXTON, JOHN C

 Address:
 717 SHORE DRIVE
 Address:
 4483 LAKE TAHOE CIRCLE

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:
 WEST PALM BEACH, FL 33409

Title: ( ) Delete Title: T/D ( ) Change (X) Addition

Name:Name:KARMEN, JAMES AAddress:Address:17400 SOUTH PARK BLVD.City-St-Zip:City-St-Zip:SHAKER HEIGHTS, OH 44120

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A. KARMEN T/D 04/27/2006