

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 037 ****61.25

DOCUMENT # N04000002376					
1. Entity Name THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM, KNIGHTS HOSPITALLER, MILITARY HOSPITALLER COMMANDE					
Principal Place of Business 625 N. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401			Mailing Address 625 N. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401		
2. Principal Place of Business 7020 HALF MOON CIRCLE Suite Apt. #, etc. 305		3. Mailing Address J.S. SHAFER 7020 HALF MOON CIRCLE Suite Apt. #, etc. 305			
City & State Hypoluxo FLORIDA Zip 33462 Country USA		City & State Hypoluxo FLORIDA Zip 33462 Country USA		4. FEI Number 65-1059871	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOYLE FLANIGAN KATZ RAYMOND & SHEEHAN, P.A 625 N. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME NICOLETTI, PAUL J STREET ADDRESS 5863 GLEN EAGLE WAY CITY-ST-ZIP STUART, FL 349978627	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR / VICE CHAIRMAN NAME JAMES B. MURPHY III STREET ADDRESS 116 DESOTA ROAD CITY-ST-ZIP W. PALM BEACH FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SHAHER, JONATHAN S STREET ADDRESS 7020 HALFMoon CIRCLE #305 CITY-ST-ZIP HYPOLUXO, FL 33462	<input type="checkbox"/> Delete		TITLE DIRECTOR / SECRETARY NAME JOHN C. DUTTON STREET ADDRESS 4423 LAKE TAHOE CIRCLE CITY-ST-ZIP W. PALM BEACH FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RATCLIFF, DAVID E STREET ADDRESS 717 SHORE DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR / TREASURER NAME JAMES A. KORNHORN STREET ADDRESS 110 SEDGEMAN AVENUE CITY-ST-ZIP PALM BEACH FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>James A. Kornhorn</u> <u>James A. Kornhorn</u> 4/14/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # THE SOVEREIGN ORDER 561-659-5789					