

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003133

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM KNIGHTS HOSPITALLER, COMMANDERY OF NICARAGUA, INC.

**Current Principal Place of Business:**

18 DUKE DRIVE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

18 DUKE DRIVE  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

**FEI Number:** 20-0976460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARSON, DOROTHY  
18 DUKE DRIVE  
LAKE WORTH, FL 33460 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 ( ) Delete  
Name: CARSON, DOROTHY  
Address: 18 DUKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: PORTA, ZENOBIA  
Address: 13008 SW 88 TERRACE NORTH  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: GIL, CARLOS C  
Address: 5303 SW 164TH COURT  
City-St-Zip: MIAMI, FL 33185

**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:

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: DOROTHY CARSON

PRES

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date