2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009984

FILED Apr 30, 2007 Secretary of State

Entity Name: OSJ COMMANDERY OF PALM BEACH, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	GRANDE EAST TON, FL 33411					
Current Mailing Address:			New Maili	New Mailing Address:		
	GRANDE EAST TON, FL 33411					
FEI Number	: FE	I Number Applied For()	FEI Number Not Appl	cable (X) Certi	ficate of Status Desired()	
Name and	d Address of Curre	ent Registered Agent:	Name and	Address of New R	egistered Agent:	
8853 VIA (Z, GREGORY W GRANDE EAST TON, FL 33411	US				
	e named entity subm e of Florida.	nits this statement for the p	ourpose of changing i	s registered office o	or registered agent, or both	
SIGNATU	RE:					
	Electronic Si	gnature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	D () Delei SCHULTZ, GREGOR 8853 VIA GRANDE E WELLINGTON, FL 3	Y W AST	Title: Name: Address: City-St-Zip:	()Chang	ge () Addition	
Fitle: Name: Address: City-St-Zip:	D () Delei PIERSANTI, JOYCE 630 S. SAPODILLA A WEST PALM BEACH	E AVENUE	Title: Name: Address: City-St-Zip:	() Chang	ge () Addition	
Title: Name: Address: City-St-Zip:	D () Delet BOHLMAN, CHRISTO 883 GLOUCHESTER BOCA RATON, FL 33	OPHER A STREET	Title: Name: Address: City-St-Zip:	() Chang	ge () Addition	
Γitle:	() Delet	te	Title: Name: Address:	D () Chang YOUNESSI, RODIN 15632 ESTANCIA LAN WELLINGTON, FL 33		
Name: Address: City-St-Zip:			City-St-Zip:	******************		
Name: Nddress:	()Delet	te	Title: Name: Address: City-St-Zip:		ge (X) Addition	

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: GREGORY W. SCHULTZ D 04/30/2007