

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000909 (1)**

1. Corporation Name

**THE KNIGHTS HOSPITALLERS OF THE SOVEREIGN ORDER  
OF SAINT JOHN OF JERUSALEM, INC.**



Principal Place of Business

Mailing Address

**1065 E. 26 STREET  
HIALEAH FL 33013**

**1065 E. 26 STREET  
HIALEAH FL 33013-3717**

3. Date Incorporated or Qualified  
**02/21/1994**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0570226**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNETTE, S R SIR  
1065 E. 26 STREET  
HIALEAH FL 33013**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

**BARNETTE, S R**

1.2 NAME

STREET ADDRESS

**1065 E. 26 STREET**

1.3 STREET ADDRESS

CITY - ST - ZIP

**HIALEAH FL**

1.4 CITY - ST - ZIP

TITLE

DV

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

**GALLOW, ARTHUR J**

2.2 NAME

STREET ADDRESS

**1065 E. 26 STREET**

2.3 STREET ADDRESS

CITY - ST - ZIP

**HIALEAH FL**

2.4 CITY - ST - ZIP

TITLE

DS

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

**MASSEY, CLARE F**

3.2 NAME

STREET ADDRESS

**1065 E. 26 STREET**

3.3 STREET ADDRESS

CITY - ST - ZIP

**HIALEAH FL**

3.4 CITY - ST - ZIP

TITLE

DT

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

**STABLER, DONALD B**

4.2 NAME

STREET ADDRESS

**1065 E. 26 STREET**

4.3 STREET ADDRESS

CITY - ST - ZIP

**HIALEAH FL**

4.4 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023053

CR2E037 (9/96)