

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008867

**Entity Name:** THE SOVEREIGN ORDER OF ST. JOHN OF JERUSALEM  
KNIGHTS HOSPITALER, PRIORY OF THE SOUTHEASTERN UNITED  
STATES OF AMERICA, INC.

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**6640893588CC**

**Current Principal Place of Business:**

13240 SHERBURNE CIRCLE  
#1201  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

13240 SHERBURNE CIRCLE  
#1201  
BONITA SPRINGS, FL 34135 US

**FEI Number: 20-0461085**

**Certificate of Status Desired: No**

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

LANDEN-GREENE, GAYLE A  
13240 SHERBURNE CIRCLE  
#1201  
BONITA SPRINGS, FL 34135 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:** GAYLE A. LANDEN-GREENE

02/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LANDEN-GREENE, GAYLE  
Address 13240 SHERBURNE CIRCLE #1201  
City-State-Zip: BONITA SPRINGS FL 34135

Title VPS  
Name MASTRULLO, TONI  
Address 7036 VESUVIO PLACE  
City-State-Zip: BOYNTON BEACH FL 33437

Title T  
Name WRIGHT, ALLISON  
Address 8273 SE ANGELINA COURT  
City-State-Zip: HOBE SOUND FL 33455

Title D  
Name MARTYNA, PAMELA  
Address 249 NW 7TH STREET  
City-State-Zip: BOCA RATON FL 33432

I hereby 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 all other like empowered.

**SIGNATURE:** GAYLE A LANDEN-GREENE

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02/01/2021

