

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **C10393 (2)**

1. Corporation Name

PALATKA COMMANDERY NO. 5, KNIGHTS TEMPLAR



Principal Place of Business: 1334 CRILL AVE. PALATKA FL 32177
Mailing Address: P.O. ~~BOX 2294~~ PALATKA FL ~~32177~~ 32178-2294 US

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 02/15/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
		26			59-1830758	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, RALPH A JR 1612 BETH DRIVE GREEN COVE SPRINGS FL 32043				81	Name	BUCK, WILLIAM L. JR.	
				82	Street Address (P.O. Box Number is Not Acceptable)	1307 SOUTH 14TH ST.	
				83			
				84	City	PALATKA	FL
						85	Zip Code
							32177

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: *William L. Buck Jr.* WILLIAM L. BUCK JR., RECORDER DATE: 2-17-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, KENNETH E.			1.2 NAME			
STREET ADDRESS	RT. 2 BOX 483-B			1.3 STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN FL 32148			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHANAN, EDWARD S			2.2 NAME			
STREET ADDRESS	RT. 1, BOX 613			2.3 STREET ADDRESS			
CITY-ST-ZIP	SATSUMA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAW, GRADY B.			3.2 NAME			
STREET ADDRESS	1804 COLONIAL DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUSTEAD, PAUL A			4.2 NAME			
STREET ADDRESS	RT 3, BOX 160			4.3 STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR (RECORDER)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, RALPH A JR			5.2 NAME	BUCK, WILLIAM L. JR.		
STREET ADDRESS	1612 BETH DRIVE			5.3 STREET ADDRESS	1307 SOUTH 14TH ST.		
CITY-ST-ZIP	GREEN COVE SPRNGS FL			5.4 CITY-ST-ZIP	PALATKA, FL 32177		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William L. Buck Jr.* WILLIAM L. BUCK JR., RECORDER DATE: 2-17-96 904-325-4981

CR2E037 (12/95)