


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90082 047 ****61.25

DOCUMENT # C10393			
1. Entity 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 32178-2294 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1830758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUCK, WILLIAM L. JR. 1307 SOUTH 14 TH STREET PALATKA, FL 32177		7. Name and Address of New Registered Agent Name DAVID C. WILKINSON Street Address (P.O. Box Number is Not Acceptable) 118 RANCHETTE TRAIL City PALATKA FL Zip Code 32177	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David C. Wilkinson **DAVID C WILKINSON SECRETARY** **3-16-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, GARY L JR		NAME	HAWKINS, WILLIS J	
STREET ADDRESS	2003 S PALM AVE		STREET ADDRESS	128 MAGNOLIA ST	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	SATSUMA, FL 32189-2824	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILES, ROBERT A		NAME		
STREET ADDRESS	PO BOX 224		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO, FL 32187		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDEN, JOHN D		NAME		
STREET ADDRESS	120 HILTY LANE		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, WILLIAM L JR		NAME	BUCK, WILLIAM L. JR	
STREET ADDRESS	1307 S 14TH STREET		STREET ADDRESS	1307 S 14TH ST	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILKINSON, DAVID C	
STREET ADDRESS			STREET ADDRESS	118 RANCHETTE TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David C. Wilkinson **DAVID C WILKINSON** **3-16-04** **386-319-4052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #