


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C10393</b> 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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILKINSON, DAVID C 118 RANCHETTE TRAIL PALATKA FL 32177		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D HAWKINS, WILLIS J	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	128 MAGNOLIA ST.		NAME
STREET ADDRESS	SATSUMA FL 32189-2824		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			UG0000233644 02/17/05-80059-012 61.25
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	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, WILLIAM L JR		NAME
STREET ADDRESS	1307 S 14TH STREET		STREET ADDRESS
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DAVID C		NAME
STREET ADDRESS	118 RANCHETTE TRAIL		STREET ADDRESS
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP
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 19.07(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** 2/19/05 386-329-4092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #