

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

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # C10393  |         |  |         |
| 1. Entity Name<br>PALATKA COMMANDERY NO. 5, KNIGHTS TEMPLAR        |         |   |         |
| Principal Place of Business<br>1334 CRILL AVE.<br>PALATKA FL 32177 |         | Mailing Address<br>P.O. BOX 2294<br>PALATKA FL 32178-2294<br>US                   |         |
| 2. Principal Place of Business                                     |         | 3. Mailing Address  |         |
| Suite, Apt #, etc  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |

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



1st MOORE CR2E037 (10/04)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br>59-1830758                               |  | Applied For<br><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               |  | 7. Name and Address of New Registered Agent                                       |  |
| WILKINSON, DAVID C<br>118 RANCHETTE TRAIL<br>PALATKA FL 32177 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

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 \_\_\_\_\_

|  |   |                                |  |
|--|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Florida Department of State |
|--|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAWKINS, WILLIS J<br>128 MAGNOLIA ST.<br>SATSUMA FL 32189-2824 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000233644<br>02/17/05-80059-012 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NILES, ROBERT A<br>PO BOX 224<br>SAN MATEO FL 32187 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DARDEN, JOHN D<br>120 HILTY LANE<br>EAST PALATKA FL 32131 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BUCK, WILLIAM L JR<br>1307 S 14TH STREET<br>PALATKA FL 32177 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WILKINSON, DAVID C<br>118 RANCHETTE TRAIL<br>PALATKA FL 32177 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 2/17/05 386-329-4092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #