

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 FEB 15 PM 3:16**

**DOCUMENT # C10421 (1)**  
1. Corporation Name

**PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS**

Principal Place of Business

**1334 CRILL AVE.  
PALATKA FL 32177**

Mailing Address

**PO BOX 190  
PALATKA FL 32177  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1953**

3a. Date of Last Report

**02/24/1994**

4. FEI Number

**59-1830758**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JONES, RALPH A JR  
1612 BETH DRIVE  
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**WALKER, KENNETH E.**

STREET ADDRESS

**RT. 2 BOX 483-B**

CITY-ST-ZIP

**INTERLACHEN FL 32148**

TITLE

D

NAME

**LAW, GRADY B**

STREET ADDRESS

**1804 COLONIAL DR**

CITY-ST-ZIP

**GREEN COVE SPRINGS FL**

TITLE

D

NAME

**JOHANAN, EDWARD S. ,**

STREET ADDRESS

**RT. 1 BOX 613**

CITY-ST-ZIP

**SATSUMA FL 32189**

TITLE

T

NAME

**CUSTEAD, PAUL A**

STREET ADDRESS

**RT 3, BOX 160**

CITY-ST-ZIP

**INTERLACHEN FL**

TITLE

D

NAME

**JONES, RALPH A JR**

STREET ADDRESS

**1612 BETH DRIVE**

CITY-ST-ZIP

**GREEN COVE SPRGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

Change

Addition

1.2 NAME

**NEWPORT, JACK M.**

1.3 STREET ADDRESS

**Rt. 5 Box 6892**

1.4 CITY-ST-ZIP

**PALATKA, FL. 32177-9576**

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with my address.

SIGNATURE:

**RALPH A. JONES JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-95**

Date

**(904) 284-2082**

Telephone Number