

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 # C10421 (1)

1. Corporation Name

PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS



Principal Place of Business

Mailing Address

1334 CRILL AVE.
PALATKA FL 32177

PO BOX ~~229~~ 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
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1830758	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	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
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWPORT, JACK M.	1.2 NAME	COREY, NEAL G.
STREET ADDRESS	RT 5 BOX 6892 N/A	1.3 STREET ADDRESS	1915 WESTOVER DRIVE
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW COACH R	2.2 NAME	
STREET ADDRESS	1804 COLONIAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANAN, EDWARD S.,	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 613	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL 32189	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	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 SPRGS 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
Signature typed or printed name of signing officer or director

CR2E037 (12/95)