


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90069 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10421

1. Corporation Name
PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS

Principal Place of Business 1334 CRILL AVE. PALATKA FL 32177	Mailing Address P.O. BOX 2294 PALATKA FL 32178-2294 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/15/1953	4. FEI Number 59-1830758 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent BUCK, WILLIAM L JR 1307 SOUTH 14TH STREET PALATKA FL 32177		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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, NEAL G.	1.2 NAME	Thomas H. Stephenson
STREET ADDRESS	1915 WESTOVER DRIVE	1.3 STREET ADDRESS	263 East River Rd.
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	East Palatka, FL 32131
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, GRADY B	2.2 NAME	Willis J. Hawkins
STREET ADDRESS	1804 COLONIAL DR	2.3 STREET ADDRESS	HCl Box 479 H
CITY-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	Satsuma, FL 32189
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANAN, EDWARD S. ,	3.2 NAME	Kenneth L. Lowery
STREET ADDRESS	RT. 1 BOX 613	3.3 STREET ADDRESS	3212 Ellen Court
CITY-ST-ZIP	SATSUMA FL 32189	3.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSTEAD, PAUL A	4.2 NAME	William E. Darden, Jr.
STREET ADDRESS	RT 3, BOX 160	4.3 STREET ADDRESS	1120 Westover Drive
CITY-ST-ZIP	INTERLACHEN FL	4.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	R <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, WILLIAM L	5.2 NAME	
STREET ADDRESS	1307 SOUTH 14TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	5.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: William L. Buck, Jr. **REQUIRED** 26 JAN '99 904-328-2210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)