


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90082 012 ****61.25

DOCUMENT # C10421			
1. Entity Name PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS		Principal Place of Business 1334 CRILL AVE. PALATKA, FL 32177	
2. Principal Place of Business		3. Mailing Address P.O. BOX 2294 PALATKA, FL 32178-2294 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1830758

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BUCK, WILLIAM L JR 1307 SOUTH 14TH STREET PALATKA, FL 32177		7. Name and Address of New Registered Agent Name <u>WILKINSON DAVID C</u> Street Address (P.O. Box Number is Not Acceptable) <u>118 RANCHETTE TRL</u> City <u>PALATKA</u> FL Zip Code <u>32177</u>	
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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: David C. Wilkinson DAVID C. WILKINSON RECORDER 3-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, GARY L JR		NAME	NILES, ROBERT A	
STREET ADDRESS	P O BOX 23		STREET ADDRESS	P.O. Box 224	
CITY-ST-ZIP	PALATKA, FL 32178		CITY-ST-ZIP	SAN MATEO, FL 32187	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, WILLIS J		NAME		
STREET ADDRESS	HC1 BOX 479 H		STREET ADDRESS		
CITY-ST-ZIP	SATSUMA, FL 32189		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALVIN, JESSE		NAME	WILKINSON DAVID C	
STREET ADDRESS	RT 3 BOX 264		STREET ADDRESS	118 RANCHETTE TRL	
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDEN, JOHN D		NAME		
STREET ADDRESS	120 HILTY LN		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	R	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, WILLIAM L		NAME	BUCK, WILLIAM L	
STREET ADDRESS	1307 SOUTH 14TH STREET		STREET ADDRESS	1307 SOUTH 14TH ST	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	PALATKA, FL 32177	
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 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 3-16-04 386-729-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #