


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # C10421					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FE# Number 59-1830758	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILKINSON, DAVID C 118 RANCHETTE TRL PALATKA FL 32177				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NILES, ROBERT A		NAME		
STREET ADDRESS	PO BOX 224		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL 32187		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKINS, WILLIS J		NAME		
STREET ADDRESS	128 MAGNOLIA ST		STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		CITY-ST-ZIP		
TITLE	R	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKINSON, DAVID C		NAME		
STREET ADDRESS	118 RANCHETTE TRL		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCK, WILLIAM L		NAME		
STREET ADDRESS	1307 SOUTH 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		
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		



1st MOORE CR2E037 (10/05)

U00000434258
02/24/06-80055-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.