

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90200 003 ****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**
Mailing Address: **P.O. BOX 2294 PALATKA FL 32178-2294 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

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: _____
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE: D NAME: JENKINS, GARY L JR STREET ADDRESS: P O BOX 23 CITY-ST-ZIP: PALATKA FL 32178	<input type="checkbox"/> Delete	
TITLE: D NAME: HAWKINS, WILLIS J STREET ADDRESS: HC1 BOX 479 H CITY-ST-ZIP: SATSUMA FL 32189	<input type="checkbox"/> Delete	
TITLE: D NAME: MCCALVIN, JESSE STREET ADDRESS: RT 3 BOX 264 CITY-ST-ZIP: CRESCENT CITY FL 32112	<input type="checkbox"/> Delete	
TITLE: T NAME: DARDEN, WILLIAM E JR STREET ADDRESS: 1120 WESTOVER DRIVE CITY-ST-ZIP: PALATKA FL 32177	<input checked="" type="checkbox"/> Delete	
TITLE: R NAME: BUCK, WILLIAM L STREET ADDRESS: 1307 SOUTH 14TH STREET CITY-ST-ZIP: PALATKA FL 32177	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: John D. Darden STREET ADDRESS: 120 Hilty Lane CITY-ST-ZIP: East Palatka, FL 32131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] **WILLIAMS REQUIRED** **William L. Buck, Jr. 2/19/03 (386)328-2210**

CFR2E037 (10/02)