

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10421

**FILED**  
**Jan 21, 2023**  
**Secretary of State**  
**4346268422CC**

**Entity Name:** PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS

**Current Principal Place of Business:**

1334 CRILL AVE.  
PALATKA, FL 32177

**Current Mailing Address:**

P.O. BOX 2294  
PALATKA, FL 32178-2294 US

**FEI Number:** 23-7583218

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAST, PAUL J  
122 BARBER LANE  
PALATKA, FL 32177 US

*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.*

**SIGNATURE:** PAUL J MAST

01/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LANG, JASON SCOTT  
Address 111 CYPRESS DRIVE  
City-State-Zip: EAST PALATKA FL 32131

Title DIRECTOR  
Name HICKS, WILLIAM D  
Address 126 MICHENER AVE  
City-State-Zip: SATSUMA FL 32189

Title D  
Name HINTON, KENNETH E  
Address 123 GRAINGER LANE  
City-State-Zip: PALATKA FL 32177

Title TREASURER  
Name BUCK, WILLIAM L  
Address C/O VINTAGE CARE  
203 S MOODY ROAD APT 121  
City-State-Zip: PALATKA FL 32177

Title D  
Name HOLLAND, CHARLES R  
Address P. O. BOX 1012  
City-State-Zip: WELAKA FL 32193

Title D  
Name MAST, PAUL J  
Address 122 BARBER LANE  
City-State-Zip: PALATKA FL 32177

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL J MAST

ASST SEC/REC

01/21/2023

Electronic Signature of Signing Officer/Director Detail

Date