

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 021 ****61.25

DOCUMENT # 735551

1. Entity Name

THE KINGDOM OF THE SUN CHAPTER, INC.



Principal Place of Business

CENTRAL FL COMM COLLEGE
Bldg 5 Room 104
OCALA FL 34474
US

Mailing Address

P O BOX 114
OCALA FL 34478-0114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Bldg 41 Room 212

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)



4. FEI Number

59-1670649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULVER, WILLIAM D
4501 NE 4TH STREET
OCALA FL 34470-9400

Name SCHROCK, ARTHUR C.

Street Address (P.O. Box Number is Not Acceptable)

10010 SW 74TH TERR

City OCALA

FL

Zip Code

34476-3839

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

Arthur C. Schrock ARTHUR C. SCHROCK TREASURER

02/14/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BEALLE, ROBERT F
STREET ADDRESS 9016 SW 91ST CIRCLE
CITY-ST-ZIP Ocala FL 34481-9011

TITLE T ☐ Change ☒ Addition
NAME SCHROCK, ARTHUR C
STREET ADDRESS 10010 SW 74TH TERR
CITY-ST-ZIP Ocala, FL. 34476-3839

TITLE T ☐ Delete
NAME PULVER, WILLIAM D
STREET ADDRESS 4501 NE 4TH STREET
CITY-ST-ZIP Ocala FL 34470-9400

TITLE P ☒ Change ☐ Addition
NAME PULVER, WILLIAM D
STREET ADDRESS 4501 NE 4TH STREET
CITY-ST-ZIP Ocala, FL. 34470-9400

TITLE D ☐ Delete
NAME OLSON, DAVID O.
STREET ADDRESS 5100 SE 180TH TERRACE
CITY-ST-ZIP OKLAHAWA FL

TITLE V ☐ Change ☒ Addition
NAME INCE, HENRY
STREET ADDRESS 8875A SW 92ND STREET
CITY-ST-ZIP Ocala, FL. 34481-7545

TITLE V ☒ Delete
NAME LEWIS, RONE
STREET ADDRESS 1741 SE 38TH COURT
CITY-ST-ZIP Ocala FL 34481-5640

TITLE S ☐ Change ☒ Addition
NAME POWERS LOIS
STREET ADDRESS 9735 SW 92ND CT UNIT C
CITY-ST-ZIP Ocala, FL 34481-8635

TITLE S ☒ Delete
NAME ELLIS, KEITH W
STREET ADDRESS 11416 SW 68TH COURT
CITY-ST-ZIP Ocala FL 34476-2953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRUNSTROM, ALAN L
STREET ADDRESS 5925 SE 158TH COURT
CITY-ST-ZIP OCKLAHAWA FL 32179-2945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Arthur C. Schrock ARTHUR C. SCHROCK

2/14/05 352 854 0451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #