

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:49

DOCUMENT # 735551 (4)

1. Corporation Name
THE KINGDOM OF THE SUN CHAPTER, INC.

Principal Place of Business Mailing Address

OCALA PUBLIC LIBRARY
P O BOX 114
OCALA FL 32678
US

P.O. BOX 114
OCALA FL 32678
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1976 3a. Date of Last Report 02/15/1994

4. FEI Number 59-1670649 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 P.O. Box 114

23 City & State 28 OCALA, FL

24 Zip 25 Country 29 34478-0114 30 USA

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZER, FRED J.
8547 A SW 90TH LANE
OCALA FL 34481

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, NAN E.	1.2 NAME	
STREET ADDRESS	410 SE 31ST AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZER, FRED J.	2.2 NAME	
STREET ADDRESS	8547 SW 90TH LANE	2.3 STREET ADDRESS	INCE, HENRY W.
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	0875-A SW 92nd Street
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, DAVID O.	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 921-C	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAWAHA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASBURY, FRANK M.	4.2 NAME	
STREET ADDRESS	347 OAK TRACK COURSE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULVER, WILLIAM D.	5.2 NAME	
STREET ADDRESS	16886 SE 83RD LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCKLAWAH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, JOHN M.	6.2 NAME	
STREET ADDRESS	8542 SW 109TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Pulver WILLIAM D. PULVER 02/03/95 904-625-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)