

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735551 (4)
1. Corporation Name
THE KINGDOM OF THE SUN CHAPTER, INC.



Principal Place of Business: **OCALA PUBLIC LIBRARY
P O BOX 114
OCALA FL 32678
US**
Mailing Address: **P O BOX 114
OCALA FL 34478-0114
US**

3. Date Incorporated or Qualified: **04/13/1976**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-1670649**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** **34478-0114** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, NAN E.	1.2 NAME HAMPTON, JAMES D., JR
STREET ADDRESS	410 SE 31ST AVE	1.3 STREET ADDRESS 10992 SW 86TH AVE
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP OCALA FL 34481-9711
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE 1ST VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCE, HENRY W	2.2 NAME INCE, HENRY W
STREET ADDRESS	8875-A SW 92ND STREET	2.3 STREET ADDRESS 8875-A SW 92ND ST
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP OCALA FL 34481-9749
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASBURY, FRANK M.	4.2 NAME BRIGHT, RICHARD G
STREET ADDRESS	347 OAK TRACK COURSE	4.3 STREET ADDRESS 5743 SW 59TH LN
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP OCALA FL 34474-7635
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULVER, WILLIAM D.	5.2 NAME
STREET ADDRESS	16686 SE 63RD LANE	5.3 STREET ADDRESS
CITY-ST-ZIP	OCKLAWAH FL	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	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 119.07(3)(k), 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:

Henry W. Ince
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY W INCE, 1ST VP JANUARY 26, 1996 (207) 873 1000

Date

Daytime Phone #

CR2E037 (12/95)