## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(4)

## THE KINGDOM OF THE SUN CHAPTER, INC.

Principal Place of Business		Mailing Address			4 SDDIAL LOUGO TEON OFINA MISOL OFF	93 ANDS MEMON DECKE DIGHT DECEN	MINIT AND 1 TO 1
OCALA PUBLIC LIBRARY P O BOX 114 OCALA FL 32678		P O BOX 114 OCALA FL 34478-0114 US					
US					3. Date Incorporated or Qualified 04/13/1976	3a. Date of Last F 02/07/19	eport 1996
Principal Place of Business     Total		2a. Mailing Address 26		4. FEI Number 59-1670649	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	4	Additional equired	
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip	Country 30	!	This corporation has liability fo     Florida Statutes	r intangible tax under s	s. 199.032,
	9. Name and Address of Curren		1		10. Name and Address of New R	egistered Agent	
			81	Name			
FRAZER, FRED J. 8547 A SW 90TH LANE			82	Street	Address (P.O. Box Number is Not Accepta	ıble)	
OCALA FL 34481			83				
			84			FL.	Code
office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was	authorized by	y the corp	corporation submits this statement for the poration's board of directors. I hereby accurate	purpose of changing i apt the appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered ager	400	F 0 - 1 - 1 A - 1		required when reinstating)	DATE	
12.	OFFICERS AND		13.	ent signature	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	P	DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	HAMPTON, JAMES D JR	_	1,2 NAME		P	·	_
STREET ADDRESS	10992 SW 86TH AVE		1.3 STREET	ADDRESS	INCE, HENRY W.		
CITY-ST-ZIP	OCALA FL		1.4 CITY-5	1	8875A SW 92nd STRI		
TITLE	VP	DELETE	2.1 TITLE	,	OCALA, FL 34481-92	49 Change	Addition .
NAME	INCE, HENRY W 22		2.2 NAME		VP		
STREET ADDRESS	AART AAAAA AWAFFT		2.3 STREET	ADDRESS	SHARE, LOUIS L.	_	
City-St-Zip	00414.51		2. 4 CITY-	ST-ZIP	5210 SW 89th PLACE OCALA, FL 34476-38	67	
TITLE	D DELETE 3.1		3.1 TITLE			Change	☐ Addition
NAME	OLSON, DAVID O.		3.2 NAME				
STREET ADDRESS	RT. 1, BOX 921-C		3.3 STREET	ADORESS	5100 SE 180th TERF	RACE	
CITY-ST-ZIP	OKLAWAHA FL		3.4. CITY-	SY-ZIP			
TITLE	S	<b>⋈</b> DELETE	4.1 TITLE		S	Change	Addition Addition
NAME	BRIGHT, RICHARD G		4. 2 NAME		CASSENS, KENNETH I	I.	
STREET ADDRESS	5743 SW 59TH LANE		4.3 STREET	ADDRESS	8717E SU 90th LANE	S	
CITY-ST-ZIP	OCALA FL		4.4 CITY-5	ST-ZIP	OCALA, FL 34481	· · · · · · · · · · · · · · · · · · ·	·
TITLE	TD	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	PULVER, WILLIAM D.		5.2 NAME			•	
STREET ADDRESS	16686 SE 63RD LANE		5.3 STREET	T ADDRESS			
CITY-ST-ZIP	OCKLAWAH FL		5.4 CITY - S	ST-ZIP			
TITLE	D	DELETE	6.1 TITLE			Change	Addition
NAME	KEENAN, JOHN M.		6.2 NAME				
STREET ADDRESS	8542 SW 109TH STREET		6.3 STREE	ADDRESS			
1	OCALA EL		I				

14. I do 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 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 of Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

\*\*SIGNATURE\*\*

\*\*ILLIAM D. PULVER\*\*

1-12-97 352-625-2138\*

352-625-2138

**FILED** 

Jan 24 1997 8:00am

Secretary of State