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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/13/1976	Applied For Not Applicable
4. FEI Number 59-1670649	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	INCE, HENRY W.
STREET ADDRESS	8875A SW 92ND STREET
CITY-ST-ZIP	OCALA FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SHARE, LOUIS L.
STREET ADDRESS	5210 SW 89TH PLACE
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OLSON, DAVID O.
STREET ADDRESS	5100 SE 180TH TERRACE
CITY-ST-ZIP	OKLAWAHA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CASSENS, KENNETH H.
STREET ADDRESS	8717E SW 90TH LANE
CITY-ST-ZIP	OCALA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PULVER, WILLIAM D.
STREET ADDRESS	16686 SE 63RD LANE
CITY-ST-ZIP	OCLAWAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KEENAN, JOHN M.
STREET ADDRESS	8542 SW 109TH STREET
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	SKINNER, CHARLES R.
4.4 CITY-ST-ZIP	11512 Mockingbird Dr
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dunnellon, FL 34432-5837
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** **JAN 13, 1998** **352-625-2138**

CR2E037 (10/97)