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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

03-04-1999 90075 018 \*\*\*\*61.25

DOCUMENT # 735551

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

161081-90075-18

Principal Place of Business: Ocala Public Library, P O BOX 114, Ocala FL 34478-0114 US  
 Mailing Address: P O BOX 114, Ocala FL 34478-0114 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	04/13/1976
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-1670649
24. Country	29. Country	Applied For
	30. Country	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

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	INCE, HENRY W.	1.2 NAME	D
STREET ADDRESS	8875A SW 92ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	P
NAME	SHARE, LOUIS L.	2.2 NAME	P
STREET ADDRESS	5210 SW 89TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	OLSON, DAVID O.	3.2 NAME	
STREET ADDRESS	5100 SE 180TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S
NAME	SKINNER, CHARLES R	4.2 NAME	MCINTYRE, CAROLA
STREET ADDRESS	11512 MOCKINGBIRD DR	4.3 STREET ADDRESS	B.O. BOX 76157
CITY-ST-ZIP	DUNNELLON FL 34432	4.4 CITY-ST-ZIP	OCALA FL 34481-0157
TITLE	TD	5.1 TITLE	
NAME	PULVER, WILLIAM D.	5.2 NAME	
STREET ADDRESS	16686 SE 63RD LANE	5.3 STREET ADDRESS	4501 NE 4th Street
CITY-ST-ZIP	OCKLAWAH FL	5.4 CITY-ST-ZIP	Ocala FL 34470
TITLE	D	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: William D. Pulver **REQUIRED** 2-11-99 352-624-0057  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)