

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90202 046 ****61.25

DOCUMENT # 735551

1. Entity Name

THE KINGDOM OF THE SUN CHAPTER, INC.

Principal Place of Business

Mailing Address

OCALA PUBLIC LIBRARY
 P O BOX 114
 OCALA FL 34478-0114
 US

P O BOX 114
 OCALA FL 34478-0114
 US

80002600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1670649

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INCE, HENRY W.	
STREET ADDRESS	8875A SW 92ND STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<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	MCINTYRE, CAROLA	
STREET ADDRESS	PO BOX 76157	
CITY-ST-ZIP	OCALA FL 34481-0157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PULVER, WILLIAM D.	
STREET ADDRESS	4501 NE 4TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEENAN, JOHN M.	
STREET ADDRESS	8542 SW 109TH STREET	
CITY-ST-ZIP	OCALA FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, JESSE GE	
STREET ADDRESS	165 NE 55th AVENUE	
CITY-ST-ZIP	OCALA FL 34470-3424	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERGES, LEROY F.	
STREET ADDRESS	8043 SW 116th LOOP	
CITY-ST-ZIP	OCALA FL 34481-3570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFEIFFER, WILLIAM J.	
STREET ADDRESS	8832 SW 108th STREET	
CITY-ST-ZIP	OCALA FL 34481-5377	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Pulver*
WILLIAM D. PULVER REQUIRED

01-08-00 352-624-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)