

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90046 011 ****61.25

DOCUMENT # 735551

1. Entity Name
THE KINGDOM OF THE SUN CHAPTER, INC.



Principal Place of Business
**CENTRAL FL COMM COLLEGE
BLDG 41, ROOM 212
OCALA, FL 34474 US**

Mailing Address
**P O BOX 114
OCALA, FL 34478-0114 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP CR2E037 (11/05)

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

**SCHROCK, ARTHUR C
10010 SW 74TH TERR
OCALA, FL 34476-3839**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Arthur C. Schrock **ARTHUR C. SCHROCK**

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

(NOTE: Registered Agent signature required when reinstating)

2/9/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHROCK, ARTHUR C	
STREET ADDRESS	10010 SW 74TH TERR	
CITY-ST-ZIP	OCALA, FL 344763839	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PULVER, WILLIAM D	
STREET ADDRESS	4501 NE 4TH STREET	
CITY-ST-ZIP	OCALA, FL 344709400	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSON, DAVID O.	
STREET ADDRESS	5100 SE 180TH TERRACE	
CITY-ST-ZIP	OKLAWAHA, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	INCE, HENRY	
STREET ADDRESS	2875 A SW 92ND STREET	
CITY-ST-ZIP	OCALA, FL 344817545	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWERS, LOIS	
STREET ADDRESS	9735 SW 92ND CT, UNIT C	
CITY-ST-ZIP	OCALA, FL 344818635	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNSTROM, ALAN L	
STREET ADDRESS	5925 SE 158TH COURT	
CITY-ST-ZIP	OKLAWAHA, FL 321792945	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eldon C. Kunze	
STREET ADDRESS	11362 SW 77th Ave	
CITY-ST-ZIP	Ocala, FL 34476-4122	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack P. Burner	
STREET ADDRESS	5016 SW 31st ST	
CITY-ST-ZIP	Ocala, FL 34474-4335	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin P. Hapgood	
STREET ADDRESS	9855 SW 203rd Circle	
CITY-ST-ZIP	Dunnellon, FL 34431-5941	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franklin W. Carter	
STREET ADDRESS	1203 San Bernadino Way	
CITY-ST-ZIP	Ladt Lake, FL 32159-9175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis A. Jones	
STREET ADDRESS	22622 Caribe Drive	
CITY-ST-ZIP	The Villages, FL 32162-0217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis L. Share	
STREET ADDRESS	5210 SW 89th Place	
CITY-ST-ZIP	Ocala, FL 34476-3867	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ARTHUR C. SCHROCK **ARTHUR C. SCHROCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06
Date

352-PSY-0451
Daytime Phone #