


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 046 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent
 Name
Donald DERTIEN
 Street Address (P.O. Box Number is Not Acceptable)
9631 S.W. 90TH ST.
 City **OCALA** FL Zip Code **34481**

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 **Donald DERTIEN** *Donald Dertien* DATE **2/1/07**

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

Filing Fee is **\$61.25** Due by **May 1, 2007**

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	
T NAME SCHROCK, ARTHUR C STREET ADDRESS 10010 SW 74TH TERR CITY-ST-ZIP OCALA, FL 344783839	<input checked="" type="checkbox"/> Delete	D NAME ARTHUR C. SCHROCK STREET ADDRESS 10010 SW 74TH TERR CITY-ST-ZIP OCALA, FL 34478 3839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME KUNZE, ELDON C STREET ADDRESS 11362 SW 77TH AVE CITY-ST-ZIP OCALA, FL 344764122	<input checked="" type="checkbox"/> Delete	PAST PRES. NAME KUNZE, ELON C STREET ADDRESS 11362 SW 77TH AVE CITY-ST-ZIP OCALA, FL 344764122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME BURNER, JACK P STREET ADDRESS 5016 SW 31ST ST CITY-ST-ZIP OCALA, FL 344744335	<input type="checkbox"/> Delete	XV NAME HORNE, FLOYD D. STREET ADDRESS 9435 SE 134 ST SUMMERFIELD, FL 34491-9345	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V NAME HAPGOOD, EDWIN P STREET ADDRESS 9855 SW 203RD CIRCLE CITY-ST-ZIP DUNNELLON, FL 344315941	<input checked="" type="checkbox"/> Delete	T NAME DONALD DERTIEN STREET ADDRESS 9631 SW 90TH ST CITY-ST-ZIP OCALA, FL 34481-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME POWERS, LOIS STREET ADDRESS 9735 SW 92ND CT, UNIT C CITY-ST-ZIP OCALA, FL 344818635	<input type="checkbox"/> Delete	P NAME KENNELL MEINTYRE STREET ADDRESS 1272 BLEASE LOOP THE VILLAGES, FL 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME BRUNSTROM, ALAN L STREET ADDRESS 5925 SE 158TH COURT CITY-ST-ZIP OCKLAWAHA, FL 321792945	<input type="checkbox"/> Delete	D NAME LAURENCE T. FUREY STREET ADDRESS 18293 SW 75TH LOOP DUNNECCON, FL 34432-2528	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 either like empowered.

SIGNATURE: **DONALD DERTIEN, TREASURER** *Donald Dertien* DATE **2/1/07** Daytime Phone # **352 257 0656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR