

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90040 037 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

DEATTEN
DEATTEN, DONALD
9631 SW 90TH STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHROCK, ARTHUR C
10010 SW 74TH TERR
OCALA FL 34476-3839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LEWIS A. JONES
2622 CAMBER DR.
THE VILLAGES, FL 32162-
0217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PP
KUNZE, GLEN C
11362 SW 77TH AVE
OCALA FL 34476-4122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TED HAMMET
4549 N.W. 80TH AVE.
OCALA, FL 34482 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BURNER, JACK P
5016 SW 31ST ST
OCALA FL 34474-4335 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DEATTEN, DONALD
9631 SW 90TH STREET
OCALA FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
POWERS, LOIS
9735 SW 92ND CT, UNIT C
OCALA FL 34481-8635 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUNSTROM, ALAN L
5925 SE 158TH COURT
OCKLAWAHA FL 32179-2945 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donald Deatten
Donald Deatten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/08

352 237 0656