

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90230 012 \*\*\*\*61.25

**DOCUMENT # 735551**

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



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  
**CENTRAL FL COMM COLLEGE**

3. Mailing Address  
Suite, Apt. #, etc.  
**BLDG 5 ROOM 104**

City & State  
**OCALA FL**

City & State

Zip  
**34474**

Country  
**USA**

Zip

Country

4. FEI Number **59-1670649**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PULVER, WILLIAM D  
4501 NE 4TH STREET  
OCALA FL 34470-9400**

7. Name and Address of New Registered Agent

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 *William D. Pulver*  
**WILLIAM D. PULVER** Registered Agent

DATE **January 13 2003**

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

**FILE NOW: FEE IS \$61.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUNT, LAMAR</b> <b>P.O. BOX 463</b> <b>CANDLER FL 32111-0453</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OGLESBY, OBED B</b> <b>3711 NE 17TH ST</b> <b>OCALA FL 34470-4978</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLSON, DAVID O.</b> <b>5100 SE 180TH TERRACE</b> <b>OKLAWAHA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHANDLER, JAMES T</b> <b>9691C SW 96TH COURT</b> <b>OCALA FL 34481-8539</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PULVER, WILLIAM D.</b> <b>4501 NE 4TH ST</b> <b>OCALA FL 34470</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PFEIFFER, WILLIAM J</b> <b>8832 SW 108TH ST</b> <b>OCALA FL 34481-5377</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MEREDITH, WILLIAM T.</b> <b>1093 SW 42nd Street</b> <b>OCALA FL 34474-3469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>APONTE, EVETTE E.</b> <b>380 NE 58th Street</b> <b>OCALA FL 34479-7607</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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**

DATE: **Jan 13, 2003** **352-624-0057**

CR2E037 (10/02)