


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90027 031 \*\*\*\*61.25

<b>DOCUMENT # N00000002959</b>	
1. Entity Name <b>KINGDOM OF THE SUN CHAPTER (MOAA) SCHOLARSHIP FUND, INC.</b>	

Principal Place of Business <b>CENTRAL FL COMM COLLEGE <del>BLDG 5 ROOM 104</del> OCALA FL 34474</b>	Mailing Address <b>PO BOX 114 OCALA FL 34478-0144</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>BLDG 41 ROOM 212</b>	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3647935</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PULVER, WILLIAM D 4501 N.E. 4TH STREET OCALA FL 34470-9400</b>	
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7. Name and Address of New Registered Agent Name <b>SCHROCK, ARTHUR C</b> Street Address (P.O. Box Number is Not Acceptable) <b>10010 SW 74TH TERR</b> City <b>OCALA</b> FL Zip Code <b>34476-3839</b>	
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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 TREASURER** 2/14/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARE, LOUIS L 5210 S.W. 89TH PLACE OCALA FL 34476-3867 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PULVER, WILLIAM D 4501 N.E. 4TH STREET OCALA FL 34470-9400 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INCE, HENRY W 8875 A S.W. 92ND STREET OCALA FL 34481-7545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNZE, ELTON C 11362 S.W. 77TH AVENUE OCALA FL 34476-4122 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, DAWN K 729 SOUTHEAST 40TH AVENUE OCALA FL 34471-2735 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APONTE, EVETTE E 380 NE 58TH ST OCALA FL 34479-7607 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANDLER, JAMES T 9691 C SW 95TH CT OCALA, FL. 34481-8539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRKHIMER, MARION L 275 N.E. 42ND ST OCALA FL. 34479-2300 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHROCK, ARTHUR C 10010 SW 74TH TERR OCALA, FL. 34476-3839 <input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Arthur C. Schrock **ARTHUR C. SCHROCK** 2/14/05 352.854.0451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #