

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90046 010 ****61.25

DOCUMENT # N00000002959

1. Entity Name
**KINGDOM OF THE SUN CHAPTER (MOAA)
SCHOLARSHIP FUND, INC.**



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

Mailing Address
**PO BOX 114
OCALA, FL 34478-0144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3647935

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**

2/9/06
DATE

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, 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 **V** ☒ Delete
NAME **CHANDLER, JAMES T**
STREET ADDRESS **9691 SW 95TH CT**
CITY-ST-ZIP **OCALA, FL 344818539**

TITLE **D** ☐ Change ☒ Addition
NAME **Louis L. Share**
STREET ADDRESS **5210 SW 89th Place**
CITY-ST-ZIP **Ocala, FL 34481-7545**

TITLE **D** ☐ Delete
NAME **SHARE, LOUIS L**
STREET ADDRESS **5210 SW 89TH PLACE**
CITY-ST-ZIP **OCALA, FL 344763867**

TITLE **D** ☐ Change ☒ Addition
NAME **Eldon C. Kunze**
STREET ADDRESS **11362 SW 77th Ave**
CITY-ST-ZIP **Ocala, FL 34476-4122**

TITLE **D** ☒ Delete
NAME **INCE, HENRY W**
STREET ADDRESS **8875 A.S.W. 92ND STREET**
CITY-ST-ZIP **OCALA, FL 344817545**

TITLE **D** ☐ Change ☒ Addition
NAME **William J. Pfeiffer**
STREET ADDRESS **8832 SW 108th St**
CITY-ST-ZIP **Ocala, FL 34481-5377**

TITLE **SD** ☒ Delete
NAME **BIRKINER, MARION L**
STREET ADDRESS **275 NE 42ND ST**
CITY-ST-ZIP **OCALA, FL 344792300**

TITLE **V** ☐ Change ☒ Addition
NAME **Robert F. Bealle**
STREET ADDRESS **9016 SW 91st Circle**
CITY-ST-ZIP **Ocala, FL 34481-9011**

TITLE **TD** ☐ Delete
NAME **SCHROCK, ARTHUR C**
STREET ADDRESS **10010 SW 74TH TERR**
CITY-ST-ZIP **OCALA, FL 344763839**

TITLE **SD** ☒ Change ☐ Addition
NAME **Birkhimer, Marion L.**
STREET ADDRESS **275 NE 42nd St.**
CITY-ST-ZIP **Ocala, FL 34479-2300**

TITLE **P** ☐ Delete
NAME **APONTE, EVETTE E**
STREET ADDRESS **380 NE 58TH ST**
CITY-ST-ZIP **OCALA, FL 344797607**

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

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

352-854-0851
Daytime Phone #