


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-05-2007 90104 047 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3647935				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 DONALD DERTIEN Street Address (P.O. Box Number is Not Acceptable) 9631 SW 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 <u>Donald Dertien</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/1/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARE, LOUIS L		NAME	LOUIE DALEN	
STREET ADDRESS	5210 SW 89TH PL		STREET ADDRESS	10040 SW 702 CIRCU	
CITY-ST-ZIP	OCALA, FL 344817545		CITY-ST-ZIP	DUNNELLON, FL 34431-5933	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARE, LOUIS L		NAME	ROBERT F. BEALLE	
STREET ADDRESS	5210 SW 89TH PLACE		STREET ADDRESS	9016 SW 91 CIR	
CITY-ST-ZIP	OCALA, FL 344763867		CITY-ST-ZIP	OCALA, FL 344819001	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFEIFFER, WILLIAM J		NAME	DONALD DERTIEN	
STREET ADDRESS	8832 SW 108TH ST		STREET ADDRESS	9631 SW 90th ST	
CITY-ST-ZIP	OCALA, FL 344815377		CITY-ST-ZIP	OCALA, FL 34481-	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BCALLE, ROBERT F		NAME	CHARLES F. STECK	
STREET ADDRESS	9016 SW 91 CIR		STREET ADDRESS	7616 NE 38th TER	
CITY-ST-ZIP	OCALA, FL 344819011		CITY-ST-ZIP	OCALA, FL 34470-4976	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	BIRKHIMER, MARION L		NAME		
STREET ADDRESS	275 NE 42ND ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344792300		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	APONTE, EVETTE E		NAME		
STREET ADDRESS	380 NE 58TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344797607		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: <u>DONALD DERTIEN, TREASURER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2/1/07</u> DAYTIME PHONE # <u>352 237 0656</u>		