

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002959

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

CENTRAL FL COMM COLLEGE
BLDG 41 ROOM 212
OCALA, FL 34474

New Principal Place of Business:

OCALA ELKS LODGE
755 NE 25TH AVE.
OCALA, FL 34470

Current Mailing Address:

PO BOX 114
OCALA, FL 344780144

New Mailing Address:

FEI Number: 59-3647935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETIEN, DONALD
9631 SW 90TH CT
OCALA, FL 34481 US

Name and Address of New Registered Agent:

OSWALD, KATHRYN
4724 SE 33RD ST.
OCALA, FL 34480 US

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.

SIGNATURE: KATHRYN OSWALD

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DETIEN, DONALD
Address: 9631 SW 90TH ST
City-St-Zip: Ocala, FL 34481

Title: P () Delete
Name: BEALLE, ROBERT F
Address: 9012 SW 91 CIRCLE
City-St-Zip: Ocala, FL 34481

Title: D () Delete
Name: DETIEN, DONALD
Address: 9631 SW 90TH STREET
City-St-Zip: Ocala, FL 34481

Title: VP () Delete
Name: STECK, CHARLES F
Address: 7616 NE 58TH TERR
City-St-Zip: Ocala, FL 34470

Title: SD (X) Delete
Name: BIRKHIMER, MARION L
Address: 275 NE 42ND ST
City-St-Zip: Ocala, FL 344792300

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: OSWALD, KATHRYN
Address: 4724 SE 33RD ST
City-St-Zip: Ocala, FL 34480

Title: PRES (X) Change () Addition
Name: APONTE, EVETTE
Address: 380 NE 58TH ST
City-St-Zip: Ocala, FL 34479

Title: SEC (X) Change () Addition
Name: MURRY, WILLIAM
Address: 9264 SE 72ND AVE
City-St-Zip: Ocala, FL 34472

Title: VP (X) Change () Addition
Name: STECK, CHARLES F
Address: 3819 SE 2ND ST
City-St-Zip: Ocala, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN OSWALD

O

02/19/2009

Electronic Signature of Signing Officer or Director

Date