

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002959

FILED  
Feb 13, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

755 NE 25TH AVE.  
OCALA, FL 34470 US

**Current Mailing Address:**

PO BOX 114  
OCALA, FL 344780144

**New Mailing Address:**

4724 SE 33RD STREET  
OCALA, FL 34480 US

**FEI Number:** 59-3647935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: OSWALD, KATHRYN  
Address: 4724 SE 33RD ST  
City-St-Zip: Ocala, FL 34480 US

Title: P  
Name: APONTE, EVETTE  
Address: 380 NE 58TH ST  
City-St-Zip: Ocala, FL 34479 US

Title: S  
Name: MURRY, WILLIAM  
Address: 9264 SE 72ND AVE  
City-St-Zip: Ocala, FL 34472 US

Title: VP  
Name: BYRD, LINDA  
Address: 8894D SW 91ST STREET  
City-St-Zip: Ocala, FL 34481 US

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN OSWALD

T

02/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date