

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90284 042 ****61.25

DOCUMENT # N00000002959

1. Entity Name

**KINGDOM OF THE SUN CHAPTER (TROA) SCHOLARSHIP FU
ND, INC.**



Principal Place of Business

**4501 N.E. 4TH STREET
OCALA FL 34470-9400**

Mailing Address

**PO BOX 114
OCALA FL 34478-0144**

2. Principal Place of Business

CENTRAL FL COMM COLLEGE

3. Mailing Address

Suite, Apt. #, etc.

BLDG 5 ROOM 104

Suite, Apt. #, etc.

City & State

OCALA FL 34474

City & State

Zip

34474

Country
USA

Country

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

**PULVER, WILLIAM D
4501 N.E. 4TH STREET
OCALA FL 34470-9400**

7. Name and Address of New Registered Agent

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 **WILLIAM D. PULVER Registered Agent**

January 13 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME	P SHARE, LOUIS L	<input type="checkbox"/> Delete
STREET ADDRESS	5210 S.W. 89TH PLACE	
CITY-ST-ZIP	OCALA FL 34476-3867	
TITLE NAME	TD PULVER, WILLIAM D	<input type="checkbox"/> Delete
STREET ADDRESS	4501 N.E. 4TH STREET	
CITY-ST-ZIP	OCALA FL 34470-9400	
TITLE NAME	D INCE, HENRY W	<input type="checkbox"/> Delete
STREET ADDRESS	8875 A S.W. 92ND STREET	
CITY-ST-ZIP	OCALA FL 34481-7545	
TITLE NAME	D KUNZE, ELDON C	<input type="checkbox"/> Delete
STREET ADDRESS	11362 S.W. 77TH AVENUE	
CITY-ST-ZIP	OCALA FL 34476-4122	
TITLE NAME	SD CLARK, DAWN K	<input type="checkbox"/> Delete
STREET ADDRESS	729 SOUTHEAST 40TH AVENUE	
CITY-ST-ZIP	OCALA FL 34471-2735	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V APONTE, EVETTE E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	380 NE 58th Street	
CITY-ST-ZIP	Ocala fl 34479-7607	

CR2E037 (10/02)

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: **WILLIAM D. PULVER REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 13, 2003 352-624-0057