FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N93000005268	(8)
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SECURITY SCHOLARSHIP SOCIETY, INC.

SECONI	TE SCHOLANSHIE SCOILT					
Principal Place	of Business	Mailing Address			(1991(19) 914 1918\$ 11111 9911 98111	### ##################################
755 RINEHART LAKE MARY F	=	PO BOX 958402 LAKE MARY FL 32794-8	1402			
					3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 04/24/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 59-3220126	Applied For Not Applicable
21		Suite, Apt. #, etc.			33 3220120	_ \$8.75 Additional
22 Suite, Apt. #				5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	<i>(</i>	8. This corporation has liability for it	
24	25	29	30		Florida Statutes 10. Name and Address of New R	Yes No
·	9. Name and Address of Current	negistered Agent	81	Name	IV. Haine and Address of Hew R	
THOUGO	ON DAME C					
	on, david c Ehart RD.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	NRY FL 32794-8402		83	i		
Danc an	411 1 E 02/07 0102		84	City		85 Zip Code
			ļ	1	<u> </u>	FL
or register familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	la. Such change was authoriz	ed by the corp	named corpor coration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (No	OTE: Registered Age	int signature require		DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	D	[]DELETE	1.1 TITLE			Change Addition
NAME	RITCHEY, FERRIS S JR		1.2 NAME	ı		
STREET ADDRESS	1910 28TH AVENUE SOUTH			T ADDRESS		
CITY-ST-ZIP TIFLE	BIRMINGHAM AL 35209-2604	[]DELETE	1.4 CHY-	51-ZIP		☐ Change ☐ Addition
NAME	PIHAKIS, GEORGE		2.2 NAME			
STREET ADDRESS	755 RINEHART RD.			I ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32794-8402		2 4 CiTY			
TITLE	D	[]DELETE	3.1 TITLE			Change Addition
NAME	THOMPSON, DAVID C	-	3 2 NAME			
STREET ADDRESS	755 RINEHART RD.		3 3 STRE	T ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32794-8402		3.4. CITY	-ST-Z1P		
TITLE		[]DELETE	4 1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY - ST - ZIP		FOOTIETE	4 4 CITY			☐ Change ☐ Addition
TITLE		[] DELETE	5 1 TITLE			□ outside □ variant
NAME			5.2 NAMI			
STREET ADORESS				ET ADDRESS		
CITY - ST - ZIP		[]DELETE	5 4 CITY			Change Addition
TITLE		L'Increig	6.2 NAMI	1		
NAME OFFICE ADDRESS				ET ADDRESS		
STREET ADDRESS			6 4 CITY			
CITY - ST - ZIP	1		040111	Q1 " E11		

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office on 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 12 or Block 13 if changed, or on an afterchmen: with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR

David C. Thompson 1/18/96 (407) 321-7113