


FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90212 035 \*\*\*211.25

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|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000005268

1. Corporation Name  
**SECURITY SCHOLARSHIP SOCIETY, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>755 RINEHART RD.<br>LAKE MARY FL 32794-8402 | Mailing Address<br>PO BOX 958402<br>LAKE MARY FL 32794-8402 |
|--|---|



560467-90067-34

|                                 |                         |   |
|---------------------------------|-------------------------|---|
| 21. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br>11/15/1993   |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. | 4. FEI Number<br>59-3220126   |
| 23. City & State                | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| 24. Zip                         | 29. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25. Country                     | 30. Country             |   |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>THOMPSON, DAVID C</b><br>755 RINEHART RD.<br>LAKE MARY FL 32794-8402 | 10. Name and Address of New Registered Agent           |
| 81. Name   | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City   | 84. City   |
| 85. Zip Code   | 86. Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>D</b>                               | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>RITCHEY, FERRIS S JR</b>             |  | 1.2 NAME<br><b>QUIST, GEORGE R.</b>                   |  |
| STREET ADDRESS<br><b>1910 28TH AVENUE SOUTH</b> |  | 1.3 STREET ADDRESS<br><b>4491 WANDER LANE</b>         |  |
| CITY-ST-ZIP<br><b>BIRMINGHAM AL 35209-2804</b>  |  | 1.4 CITY-ST-ZIP<br><b>SALT LAKE CITY, UT 84117</b>    |  |
| TITLE<br><b>D</b>                               | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>PIHAKIS, GEORGE</b>                  |  | 2.2 NAME<br><b>QUIST, SCOTT M.</b>                    |  |
| STREET ADDRESS<br><b>755 RINEHART RD.</b>       |  | 2.3 STREET ADDRESS<br><b>7 WANDERWOOD WAY</b>         |  |
| CITY-ST-ZIP<br><b>LAKE MARY FL 32794-8402</b>   |  | 2.4 CITY-ST-ZIP<br><b>SANDY, UT 84092</b>             |  |
| TITLE<br><b>D</b>                               | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>THOMPSON, DAVID C</b>                |  | 3.2 NAME  |  |
| STREET ADDRESS<br><b>755 RINEHART RD.</b>       |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>LAKE MARY FL 32794-8402</b>   |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | 4.2 NAME  |  |
| STREET ADDRESS                                  |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | 5.2 NAME  |  |
| STREET ADDRESS                                  |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | 6.2 NAME  |  |
| STREET ADDRESS                                  |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ DATE **4-13-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)