


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000005268  
 1. Entity Name  
 SECURITY SCHOLARSHIP SOCIETY, INC.



Principal Place of Business      Mailing Address  
 755 RINEHART RD.                      PO BOX 958402  
 LAKE MARY, FL 32794-8402              LAKE MARY, FL 32794-8402

**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3220126	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 SILL, STEPHEN M  
 755 RINEHART RD.  
 LAKE MARY, FL 32794-8402

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIST, GEORGE R 4491 WANDER LANE SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIST, SCOTT M 7 WANDERWOOD WAY SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILL, STEPHEN M 755 RINEHART RD. LAKE MARY, FL 327948402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000322043  
 04/21/05-80100-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mona C. [Signature]      Date: 4/12/05      Daytime Phone #: (801) 264-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR