

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002365

**Entity Name:** FLCARH SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**1353 E. LAFAYETTE ST.  
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 2260  
TALLAHASSEE, FL 32316 US**FEI Number: 26-4784058****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUMMERS, GARY L  
380 WEST ALFRED STREET  
TAVARES, FL 32778 US*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

**Officer/Director Detail :**

Title DIRECTOR  
Name BORTON, PAMELA K  
Address 1006 GROVE STREET  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name FLYNN, KEVIN T  
Address 516 LAKEVIEW ROAD SUITE 8  
City-State-Zip: CLEARWATER FL 33756

Title VP  
Name MISCUK, RICHARD  
Address 1006 GROVE STREET  
City-State-Zip: CLEARWATER FL 33755

Title SECRETARY  
Name JOEHL, JUDY  
Address 3111 PACES MILL ROAD SE  
SUITE A250  
City-State-Zip: ATLANTA GA 30339

Title PRESIDENT  
Name MCKNIGHT, LISA  
Address 1353 E. LAFAYETTE ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name CONNER, BRIDGET  
Address 877 EXECUTIVE DR WEST  
SUITE 100  
City-State-Zip: ST. PETERSBURG FL 33702

*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: LISA MCKNIGHT****PRESIDENT****02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date