

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007793

Entity Name: ELEVATION SCHOLARS, INC**Current Principal Place of Business:**201 E. PINE STREET
STE 200
ORLANDO, FL 32801**Current Mailing Address:**201 E. PINE STREET
STE 200
ORLANDO, FL 32801 US**FEI Number:** 47-1809808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, SCOTT
201 E. PINE STREET
STE 200
ORLANDO, FL 32801 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:** STUART HEATON

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MORGAN, PAUL
Address 201 E. PINE STREET
STE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PRATHER, WILLIAM R
Address 201 E. PINE STREET
STE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SHAFER, JEFF
Address 201 E. PINE STREET
STE 200
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name LEE, SCOTT
Address 201 E. PINE STREET
STE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name OROSZ, STEVE
Address 201 E. PINE STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MORSS, ROD
Address 201 E. PINE STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name KING, KRISTEN
Address 201 E. PINE STREET
STE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SHANI, CUNNINGHAM
Address 201 E. PINE STREET
STE 200
City-State-Zip: ORLANDO FL 32801

Continues on page 2

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: SCOTT LEE

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREGORY, HARRIS
Address 201 E. PINE STREET
 STE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name AITCHESON , MICHAEL
Address 201 E. PINE STREET
 STE 200
City-State-Zip: ORLANDO FL 32801