### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005268

Entity Name: SECURITY SCHOLARSHIP SOCIETY, INC.

FILED
Jan 20, 2020
Secretary of State
7461421503CC

## **Current Principal Place of Business:**

121 W. ELECTION ROAD, SUITE 100

DRAPER, UT 84020

## **Current Mailing Address:**

P. O. BOX 57220

SALT LAKE CITY. UT 84157-0220

FEI Number: 59-3220126 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SILL, GARRETT S 121 W. ELECTION ROAD, SUITE 100 DRAPER, FL 84020 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: GARRETT S. SILL 01/20/2020

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	D, PRESIDENT	Title	TREASURER
Name	QUIST, SCOTT M	Name	SILL, GARRETT S
Address	P. O. BOX 57220	Address	P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220 City-State-Zip: SALT LAKE CITY UT 84157-0220

 Title
 VP/CONTROLLER
 Title
 DIRECTOR

 Name
 OLSON, DIANA C
 Name
 COOK, JOHN L

 Address
 P. O. BOX 57220
 Address
 P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220 City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR Title DIRECTOR

Name HUNTER, ROBERT G Name MOODY, HOWARD CRAIG

Address P. O. BOX 57220 Address P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220 City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR Title DIRECTOR

Name WILBUR, NORMAN G Name FULLER, GILBERT A
Address P. O. BOX 57220 Address P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220 City-State-Zip: SALT LAKE CITY UT 84157-0220

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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: DIANA C OLSON VP/CONTROLLER 01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR, VP

Name OVERBAUGH, JASON G

Address P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP, ASST. SECRETARY

Name QUIST, ADAM G Address P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR, VP

Name QUIST, SCOTT ANDREW

Address P. O. BOX 57220

City-State-Zip: SALT LAKE CITY UT 84157-0220