FILE NOW: FILING FEE AFTER MAY 1 IS $165.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 18 PM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705268** **(1)**

1. Corporation Name
SCHOLARSHIP RECOGNITION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
426 SCHOOL ST. SEBRING FL 33870	426 SCHOOL ST. SEBRING FL 33870

3. Date Incorporated or Qualified: **03/01/1963**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2360670** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FARMER RICHARD R
426 SCHOOL STREET
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JARRETT JR., WILLIAM R.	1.2 NAME	HURLEY, RICK	
STREET ADDRESS	POST OFFICE BOX 1683 N/A	1.3 STREET ADDRESS	228 N. Ridgewood Drive	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HEACOCK, BENNI	2.2 NAME	REYNOLDS, ANNE	
STREET ADDRESS	2713 NE LAKEVIEW DRIVE	2.3 STREET ADDRESS	80 Bear Point Lane	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	TAYLOR, PATRICIA	3.2 NAME	WELLS, LAWRENCE (LONNIE)	
STREET ADDRESS	1617 NE LAKEVIEW DRIVE	3.3 STREET ADDRESS	1200 C.O. Road 29	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	PC	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	GUNTHORP, SHARON (THOMPS	4.2 NAME	MILLER, CONNIE E.	
STREET ADDRESS	2226 HOLLY AVENUE	4.3 STREET ADDRESS	426 School Street	
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RIDER, KRIS Y.	5.2 NAME		
STREET ADDRESS	13 NORTH OAK STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, JIM	6.2 NAME		
STREET ADDRESS	1850 US 27 SOUTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Connie E. Miller **4-12-95** **(813) 471-5565**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000681