FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 705268 (1)

1. Corporation Name
SCHOLARSHIP RECOGNITION, INC.

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: 04/18/1995
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
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURLEY, Jack Rick 228 N. RIDGEWOOD DRIEV SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, ANNE 80 BEAR POINT LANE LAKE PLACID FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, LAWRENCE (LONN 1200 C.O. ROAD 29 LAKE PLACID FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, CONNIE E 426 SCHOOL STREE SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIDER, KRIS Y. 13 NORTH OAK STREET LAKE PLACID FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, JIM 1850 US 27 SOUTH AVON PARK FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S Scobey, Connie E 426 School Street Sebring, FL 33870	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Peavy, Richard 2876 W. Albatross Rd Avon Park, FL 33825	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Whidden, Jerry 851 US 27 South Avon Park, FL 33825	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Taylor, Patricia 1617 NE Lakeview Dr Sebring, FL 33870	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Heacock, Benni 2713 NE Lakeview Dr Sebring, FL 33870	☐ Change ☒ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 Scobey 4/18/96 941-471-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Connie E. Scobey, Secretary