

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705268** (1)

1. Corporation Name
SCHOLARSHIP RECOGNITION, INC.



Principal Place of Business 426 SCHOOL ST. SEBRING FL 33870	Mailing Address 426 SCHOOL ST. SEBRING FL 33870-4048
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3. Date Incorporated or Qualified 03/01/1963	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2360670	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARMER RICHARD R
426 SCHOOL STREET
SEBRING FL 33870**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HURLEY, RICKI ☐ CHANGE ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	HURLEY, RICKI	1.2 NAME	WHIDDEN, JERRY
STREET ADDRESS	3200 US 27 South	1.3 STREET ADDRESS	231 S. RIDGEWOOD DR.
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	SEBRING, FLORIDA
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, ANNE	2.2 NAME	TAYLOR, PATRICIA
STREET ADDRESS	80 BEAR POINT LANE	2.3 STREET ADDRESS	1617 N.E. LAKEVIEW DR.
CITY - ST - ZIP	LAKE PLACID FL	2.4 CITY - ST - ZIP	SEBRING, FLORIDA
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, LAWRENCE (LONN)	3.2 NAME	PEAVY, RICHARD
STREET ADDRESS	1200 C.O. ROAD 29	3.3 STREET ADDRESS	2876 W. ALBATROSS RD.
CITY - ST - ZIP	LAKE PLACID FL	3.4 CITY - ST - ZIP	AVON PARK, FL
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCOBEY, CONNIE E	4.2 NAME	SCHUMACHER, AIDA
STREET ADDRESS	426 SCHOOL STREE	4.3 STREET ADDRESS	1901 DESOTO PLACE
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	SEBRING, FL
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RIDER, KRIS Y.	5.2 NAME	WATTERS, JOYCE
STREET ADDRESS	13 NORTH OAK STREET	5.3 STREET ADDRESS	2220 CO. RD. 17N
CITY - ST - ZIP	LAKE PLACID FL	5.4 CITY - ST - ZIP	LAKE PLACID, FL
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, JIM	6.2 NAME	CAUSEY, JESSE
STREET ADDRESS	1850 US 27 SOUTH	6.3 STREET ADDRESS	108 LAKE JUNE ROAD
CITY - ST - ZIP	AVON PARK FL	6.4 CITY - ST - ZIP	LAKE PLACID, FL

14. I do hereby certify that the information supplied with this filing 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

941-471-5585

CR2E037 (9/96)