

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90226 040 ****70.00

DOCUMENT # 705268

1. Entity Name

SCHOLARSHIP RECOGNITION, INC.



Principal Place of Business

**426 SCHOOL ST.
SEBRING FL 33870**

Mailing Address

**426 SCHOOL ST.
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2360670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, WALLACE
426 SCHOOL STREET
SEBRING FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wally Cox

4/23/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARDEN, JOHN P.O. BOX 789 AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIDEL, GEORGE 2027 NE LAKEVIEW DRIVE SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULEN, DIANE 3838 US 27 S SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOBIE, CONNIE 426 SCHOOL STREET SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHYERS, KATHY P.O. BOX 2865 LAKE PLACID FL 33862	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINARD, JIM PO BOX 581 LAKE PLACID FL 33852	☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Barben P.O. Box 789 Avon Park, FL 33825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P George Leidel 2027 NE Lakeview Drive Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bill Jarrett P.O. Box 1683 Avon Park, FL 33826	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Devon Donaldson 1405 Misty Lake Terrace Avon Park, FL 33825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Luke Brooker 1401 Crescent Drive Sebring, FL 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mike Hoy 320 Lake Mirror Drive Lake Placid, FL 33852	☐ Change ☒ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Scobie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

863-471-5565
Daytime Phone #