2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # 705268** Entity Name 04-22-2005 90314 034 \*\*\*\*70.00 SCHOLARSHIP RECOGNITION, INC. Principal Place of Business Mailing Address 426 SCHOOL ST. 426 SCHOOL ST. SEBRING FL 33870 SEBRING FL 33870 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For 4. FEI Number City & State City & State 59-2360670 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COX, WALLACE Street Address (P.O. Box Number is Not Acceptable) 426 SCHOOL STREET SEBRING FL 33870 City 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. 4-18-05 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. XX Addition TITLE TITLE ☐ Change Delete BARBEN, JOHN Carter, Mike NAME NAME P.O. BOX 789 STREET ADDRESS STREET ADDRESS 435 S. Commerce Ave. AVON PARK FL 33825 CITY-ST-ZIP CITY-ST-ZIP Sebring, FL 33870 K Delete D TITLE TITLE ☐ Change XX Addition LEIDEL, GEORGE NAME NAME John Shoop 2027 NE LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS 2600 US Hwy27 N SEBRING FL 33870 CITY-ST-ZIP CITY-ST-ZIP Sebring, FL 33870 TITLE ☐ Addition Delete \_\_\_ TITLE Change NAME HULEN, DIANE NAME Mike Hoy STREET ADDRESS 3838 US 27 S STREET ADDRESS 320 Lake Mirror Drive SEBRING FL 33870 CITY-ST-ZIP CITY-ST-ZIP Lake Placid, FL 33852 ☐ Delete TITLE ☐ Change X Addition SCOBEY, CONNIE NAME Mason Smoak 426 SCHOOL STREET STREET ADDRESS STREET ADDRESS 720 Sunset Pointe Drive SEBRING FL 33870 CITY-ST-7IP CITY-ST-ZIP Lake Placid, FL 33852 Change ☐ Delete TITLE Addition PHYERS, KATHY NAME MAME Bill Jarrett P.O. BOX 2865 STREET ADDRESS STREET ADDRESS P.O. Box 1683 LAKE PLACID FL 33862 CITY-ST-ZIP CITY-ST-ZIP A<del>von Park, FL 33826</del> ☐ Change Addition Delete TITLE TITLE CLINARD, JIM NAME NAME Lenny Smith PO BOX 581° STREET ADDRESS STREET ADDRESS P.O. Box 1021 LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP Sebring, FL 33871 12. I hereby certify that the information supplied with this filing does not quality 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.

- Connie E. Scobey

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAN

FILED