2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 705268

Entity Name: SCHOLARSHIP RECOGNITION, INC.

Current Principal Place of Business:

426 SCHOOL ST.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

426 SCHOOL ST.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-2360670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COX, WALLACE
426 SCHOOL STREET
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENTON, BILL
Address: 435 S COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: SHOOP, JOHN
Address: 2600 US HWY 27 N
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: LEIDEL, GEORGE
Address: 2691 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: S ( ) Delete
Name: SCOBEY, CONNIE
Address: 426 SCHOOL STREET
City-St-Zip: SEBRING, FL 33870

Title: P ( ) Delete
Name: PHYERS, KATHY
Address: P.O. BOX 2865
City-St-Zip: LAKE PLACID, FL 33862

Title: D ( ) Delete
Name: EDGEMON, KATHY
Address: 506 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BENTON, BILL
Address: 435 S COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PHYERS, KATHY
Address: P.O. BOX 2865
City-St-Zip: LAKE PLACID, FL 33862

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE E. SCOBEY S 03/19/2009

Electronic Signature of Signing Officer or Director — Date