

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705268

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**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 ( )**

**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  
**Name:** WHIDDEN, JERRY  
**Address:** 800 W. MAIN STREET  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** D  
**Name:** BROOKS, JIM  
**Address:** 1850 US 27 SOUTH  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** D  
**Name:** SMITH, SEBRINA  
**Address:** P.O. BOX 1021  
**City-St-Zip:** SEBRING, FL 33871

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

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

**Title:** P  
**Name:** EDGEMON, KATHY  
**Address:** 506 LAKE MIRROR DR  
**City-St-Zip:** LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

**SIGNATURE:** CONNIE E. SCOBEY

S

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date