

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005268	
1. Entity Name SECURITY SCHOLARSHIP SOCIETY, INC.	
Principal Place of Business 755 RINEHART RD. LAKE MARY, FL 32794-8402	Mailing Address PO BOX 958402 LAKE MARY, FL 32794-8402



DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3220126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SILL, STEPHEN M
755 RINEHART RD.
LAKE MARY, FL 32794-8402

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIST, GEORGE R 4491 WANDER LANE SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIST, SCOTT M 7 WANDERWOOD WAY SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILL, STEPHEN M 755 RINEHART RD. LAKE MARY, FL 327948402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000322043
04/21/05-80100-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/05 (801) 264-1000