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May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005339 (5)

1. Corporation Name

SOLDIERS TO SCHOLARS, INC.



Principal Place of Business

Mailing Address

444 E. MURIEL ST.  
ORLANDO FL 32806444 E. MURIEL ST.  
ORLANDO FL 32806-40333. Date Incorporated or Qualified  
11/09/19953a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, PATTI P  
444 E. MURIEL ST.  
ORLANDO FL 32806

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FREY, LOU  
STREET ADDRESS 139 GENIUS DR.  
CITY-ST-ZIP WINTER PARK FL 327891.1 TITLE D  
1.2 NAME Kemper, John  
1.3 STREET ADDRESS 1746 Alvarado Court  
1.4 CITY-ST-ZIP Longwood, FL 32779TITLE D  
NAME SUTHERLAND, LINDA  
STREET ADDRESS 1911 MAPLEWOOD  
CITY-ST-ZIP ORLANDO FL 328032.1 TITLE D  
2.2 NAME Reed, Joe  
2.3 STREET ADDRESS 10347 Down Lakeview Circle  
2.4 CITY-ST-ZIP Windermere, FL 34786TITLE D  
NAME REDDICK, ELOUISE  
STREET ADDRESS 2116 MONTE CARLO TRAIL  
CITY-ST-ZIP ORLANDO FL 328053.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE PST  
NAME SHARP, CY  
STREET ADDRESS 444 E. MURIEL ST.  
CITY-ST-ZIP ORLANDO FL 328064.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VP  
NAME PHILLIPS, PATTI  
STREET ADDRESS 444 E. MURIEL ST.  
CITY-ST-ZIP ORLANDO FL 328065.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cy Sharp

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

4/20/97 407/425-4719  
Date Daytime Phone # 0018723

CR2E037 (9/96)