

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005339 (5)**

1. Corporation Name

**SOLDIERS TO SCHOLARS, INC.**



Principal Place of Business Mailing Address

**444 E. MURIEL ST.  
ORLANDO FL 32806**

**444 E. MURIEL ST.  
ORLANDO FL 32806**

3. Date Incorporated or Qualified

**11/09/1995**

4. FEI Number

**59-3342914**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREY, LOU</b>	
STREET ADDRESS	<b>139 GENIUS DR.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUTHERLAND, LINDA</b>	
STREET ADDRESS	<b>1911 MAPLEWOOD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REDDICK, ELOUISE</b>	
STREET ADDRESS	<b>2116 MONTE CARLO TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARP, CY</b>	
STREET ADDRESS	<b>444 E. MURIEL ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, PATTI</b>	
STREET ADDRESS	<b>444 E. MURIEL ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEMPER, JOHN</b>	
STREET ADDRESS	<b>1746 ALVARADO CT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sharp, Cy</b>	
1.3 STREET ADDRESS	<b>444 E. Muriel St.</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Sharp, Patti Philips</b>	
2.3 STREET ADDRESS	<b>444 E. Muriel St.</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Douglas, Judy B.</b>	
3.3 STREET ADDRESS	<b>6826 Seminole Dr.</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

*Patti Philips Sharp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patti Philips Sharp 407**  
**Director/VP 4/29/98 425-4719**  
Date Daytime Phone # 0018517

CR2E037 (10/97)