

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:30

DOCUMENT # N17789

(1)

1. Corporation Name

NAVAL R.O.T.C. SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

% MARYANN SEERY
2618 BENT HICKORY CRCL.
LONGWOOD FL 32779

% MARYANN SEERY
2618 BENT HICKORY CRCL.
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1986

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2770205

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEERY, MARY ANN
2618 BENT HICKORY CRCL.
LONGWOOD FL 32779

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TC
NAME	SEERY, MARYANN
STREET ADDRESS	2618 BENT HICKORY CRCL.
CITY-ST-ZIP	LONGWOOD FL
TITLE	PD
NAME	GULLIVER, VICTOR S.
STREET ADDRESS	1900 FRANKLIN DR.
CITY-ST-ZIP	GLENVIEW IL
TITLE	VD
NAME	COLEMAN, NORMAN A.
STREET ADDRESS	142 MIRAMAR DR.
CITY-ST-ZIP	COLORADO SPRINGS CO
TITLE	D
NAME	HOLLAND, WILLIAM W.
STREET ADDRESS	2301 CONCORD CT.
CITY-ST-ZIP	DEKALB IL
TITLE	D
NAME	ANDERSON, GERALD D.
STREET ADDRESS	1542 S.E. LINN ST.
CITY-ST-ZIP	BOONE IA
TITLE	SD
NAME	NACHTSHEIM, RICHARD H.
STREET ADDRESS	610 S. OWEN ST.
CITY-ST-ZIP	MOUNT PROSPECT IL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Maryann Seery

23 March 1995

Date

My/ing Title #

407-774-0015