

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N17789 (1)

1. Corporation Name

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



Principal Place of Business

% MARYANN SEERY
2618 BENT HICKORY CRCL.
LONGWOOD FL 32779

Mailing Address

% MARYANN SEERY
2618 BENT HICKORY CRCL.
LONGWOOD FL 32779

3. Date Incorporated or Qualified
11/14/1986

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2770205

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

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 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 **TC** ☐ DELETE
NAME **SEERY, MARYANN**
STREET ADDRESS **2618 BENT HICKORY CRCL.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☐ DELETE
NAME **GULLIVER, VICTOR S.**
STREET ADDRESS **1900 FRANKLIN DR.**
CITY-ST-ZIP **GLENVIEW IL**

TITLE **VD** ☒ DELETE
NAME **COLEMAN, NORMAN A.**
STREET ADDRESS **142 MIRAMAR DR.**
CITY-ST-ZIP **COLORADO SPRINGS CO**

TITLE **D** ☐ DELETE
NAME **HOLLAND, WILLIAM W.**
STREET ADDRESS **2301 CONCORD CT.**
CITY-ST-ZIP **DEKALB IL**

TITLE **D** ☐ DELETE
NAME **ANDERSON, GERALD D.**
STREET ADDRESS **1542 S.E. LINN ST.**
CITY-ST-ZIP **BOONE IA**

TITLE **SD** ☐ DELETE
NAME **NACHTSHEIM, RICHARD H.**
STREET ADDRESS **610 S. OWEN ST.**
CITY-ST-ZIP **MOUNT PROSPECT IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **KASPERSKI, DANIEL C.**
1.3 STREET ADDRESS **835 MORVEN C**
1.4 CITY-ST-ZIP **NAPERVILLE, IL 60563**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **CLEMETSEN, NORMAN J.**
3.3 STREET ADDRESS **1052 ROLLING PASS**
3.4 CITY-ST-ZIP **GLENVIEW, IL 60625**

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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARYANN SEERY

18 April 1996 (407) 774-8915

CR2E037 (12/95)