

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

% MARYANN SEERY  
2618 BENT HICKORY CRCL.  
LONGWOOD FL 32779

% MARYANN SEERY  
2618 BENT HICKORY CRCL.  
LONGWOOD FL 32779

3. Date Incorporated or Qualified  
11/14/1986

3a. Date of Last Report  
04/24/1996

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

TITLE VD  DELETE  
NAME CLEMETSEN, NORMAN J.  
STREET ADDRESS 1052 ROLLING PASS  
CITY-ST-ZIP GLENVIEW IL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

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 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.

CR2E037 (9/96)