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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Jun 30 1998 8:00am Secretary of State

| NAVAL R.O.T.C. SCHOLARSHIP FUND, INC. | | | | | | | | | |
|---|--|--------------------|---------------------|----------------------|---------------|--|---------------------------------------|-------------------------------|--|
| Principal Plac | no of Rusinese | Mailing Address | | | | | | | |
| | | | | | | | | | |
| *MARYANN SEERY *MARYANN S | | | | | | 3. Date Incorporated or Qualified | | | |
| | BENT HICKORY CI | | BENT H | | | CIR. 11/14/1986 | | | |
| LONG | WOOD, FL 32779 | LONGW | 00D, F1 | ւ 3 | 2779 | 4. FEI Number 59-2770205 | 1 1 | Applied For lot Applicable | |
| 2. Principal f | | | Mailing Address | | | 5. Certificate of Status Desired | | Additional Regulred | |
| Suite, Apt. | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Election Campaign Financing Trust Fund Contribution | · · · · · · · · · · · · · · · · · · · | | |
| City & State City & State | | | | | | 7. Is this nonprofit corporation a homeown | ers association | on? | |
| 28 | | | | | | ☐ Yes ☐ No | | | |
| Zip | Country | Zip | ۱ ' [' | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | 29 | 30 | , | | Personal Property Tax due June 30. | | □ No | |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | 10. Name and Address of New Registered | Agent | | |
| * | 7 | | | " | Name | | | | |
| | SEERY, MARYANN | | | | | dress (P.O. Box Number is Not Acceptable) | | t. 11 | |
| 2618 BENT HICKORY CIR. | | | | 1 | | | | | |
| LONGWOOD, FL 32779 | | | | 83 | | | | | |
| | | | | 84 | City | FI | 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 | | | | | | | | ł | |
| | Signature typed or printed name of registered ager | ·· | | | signature req | uired when reinstating) DATE | | | |
| 2. 3. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | | | |
| TITLE | | | | | | D | ☐ Change | ☐ Addition | |
| USTREET ADDRESS | SEERY, MARYANN | | | 1.2 NAME K | | KAUFMAN, STEPHEN J. | | | |
| USIRED ADDRESS | 2618 BENT HICKORY CIR. | | | 1.3 STREET ADDRESS 1 | | 14161 HAMPTON FALLS I | DR. N | | |
| CIAY ST- ZIP | LONGWOOD, FL 32779 | | | 1.4 CITY-ST-ZIP U | | JACKSONVILLE, FL 322 | | 1.000 | |
| MAKE | # D | | | | | | ☐ Change | ☐ Addition | |
| /11 /8 | GULLIVER, VICTOR S. | | | AME | | | | i | |
| SINES ADORESS |) . | | | 23 STREET ADDRESS | | | | J | |
| TITLE | CLENVIEW, IL 60025 DELETE | | | HTY-ST- TLE | ZIP | | Change | 100000 | |
| NAME | VD CLEE | | | | | | LI Change | ☐ Addition | |
| | CLEMETSEN, NORMAN J. | | | AME | | | | | |
| STREET ADDRESS | 1052 ROLLING PASS | | | TREET AC | | | | | |
| CITY-ST-ZIP | GLENVIEW, IL 60025 DELETE | | | 3 4. CITY - ST - ZIP | | | ☐ Change | Addition | |
| NAME | S D | | 4 2 h | | | | - Change | HOURION L | |
| | NACHTSHEIM, RICHARD H. | | | | | | | ĺ | |
| STREET ADDRESS | 610 S. OWEN ST. | | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | MOUNT PROSPECT, IL 60056 | | | ITY - ST - : | | | Change | A 2 3 3 3 4 4 | |
| NAME | P | | | | -1t . | 0.30.98 | Unange | ☐ Addition | |
| | ANDERSON, GERALD D. | | | | | Ou. | | | |
| STREET ADDRESS | 1542 S.E. LINN ST. | | | 5 3 STREET ADDRESS | | GW . | | | |
| CITY-ST-ZIP TITLE | BOONE, IA 50036 | DELE | | TY-ST-7 | ZIP | | Dhari | Addes | |
| | D PACDEDONE DANKE | - | | | | 8 0 000025782 | Unange | ☐ Addition | |
| NAME | KASPERSKI, DANIE | SL C. | 6 2 N/ | | | -07/02/9801001C | ĮŠŠ | | |
| STREET ADDRESS | 835 MORVAN CT. | | | REET AD | ľ | ***61.25 | , U.U | - | |
| CITY-ST-ZIP | NAPERVILLE, IL 60563 | | | TY-ST-7 | ZIP | 10 101100 Park de la Elevari | | | |

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.