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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17789

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/14/1986

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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
NAME SEERY, MARYANN
STREET ADDRESS 2618 BENT HICKORY CRCL.
CITY-ST-ZIP LONGWOOD FL 32779

☐ DELETE

TITLE PD
NAME GULLIVER, VICTOR S.
STREET ADDRESS 1900 FRANKLIN DR.
CITY-ST-ZIP GLENVIEW IL 60025

☐ DELETE

TITLE VD
NAME CLEMETSEN, NORMAN J.
STREET ADDRESS 1052 ROLLING PASS
CITY-ST-ZIP GLENVIEW IL 60025

☐ DELETE

TITLE D
NAME KAUFMAN, STEPHEN J
STREET ADDRESS 14161 HAMPTON FALLS DR. N
CITY-ST-ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE D
NAME ANDERSON, GERALD D.
STREET ADDRESS 1542 S.E. LINN ST.
CITY-ST-ZIP BOONE IA 50036

☐ DELETE

TITLE SD
NAME NACHTSHEIM, RICHARD H.
STREET ADDRESS 610 S. OWEN ST.
CITY-ST-ZIP MOUNT PROSPECT IL 60056

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Maryann Seery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 April 1999 (407) 774-8915
Date Daytime Phone #

CR2E037 (11/98)