


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N17789 1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEERY, MARY ANN 2618 BENT HICKORY CRCL. LONGWOOD FL 32779				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	TC <input type="checkbox"/> Delete				
NAME	SEERY, MARYANN				
STREET ADDRESS	2618 BENT HICKORY CRCL.				
CITY-ST-ZIP	LONGWOOD FL 32779				
TITLE	PD <input type="checkbox"/> Delete				
NAME	GULLIVER, VICTOR S.				
STREET ADDRESS	1900 FRANKLIN DR.				
CITY-ST-ZIP	GLENVIEW IL 60025				
TITLE	VD <input type="checkbox"/> Delete				
NAME	CLEMETSEN, NORMAN J.				
STREET ADDRESS	1052 ROLLING PASS				
CITY-ST-ZIP	GLENVIEW IL 60025				
TITLE	D <input type="checkbox"/> Delete				
NAME	SHAID, RODNEY J				
STREET ADDRESS	4255 W. THORNDAL AVE.				
CITY-ST-ZIP	CHICAGO IL 60646				
TITLE	D <input type="checkbox"/> Delete				
NAME	ANDERSON, GERALD D.				
STREET ADDRESS	1542 S.E. LINN ST.				
CITY-ST-ZIP	BOONE IA 50036				
TITLE	SD <input type="checkbox"/> Delete				
NAME	KASPERSKI, DANIEL C				
STREET ADDRESS	835 MORVAN COURT				
CITY-ST-ZIP	NAPERVILLE IL 60563				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
U000000031807 02/04/04-80164-011 61.25					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					



MOORE CR2E037 (11/03)

4. FEI Number **59-2770205** ☐ Applied For
☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maryann Seery Treasurer 29 Jan 2004 407/774-8915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #