


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17789</b> 1. Entity Name <b>NAVAL R.O.T.C. SCHOLARSHIP FUND, INC.</b>	
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Principal Place of Business <b>% MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD, FL 32779</b>	Mailing Address <b>% MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD, FL 32779</b>
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01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2770205</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>SEERY, MARY ANN 2618 BENT HICKORY CRCL. LONGWOOD, FL 32779</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC <b>SEERY, MARYANN 2618 BENT HICKORY CRCL. LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>GULLIVER, VICTOR S. 1900 FRANKLIN DR. GLENVIEW, IL 60025</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>CLEMETSEN, NORMAN J. 1052 ROLLING PASS GLENVIEW, IL 60025</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SHAD, RODNEY J 4255 W. THORNDALE AVE. CHICAGO, IL 60646</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>ANDERSON, GERALD D. 1542 S.E. LINN ST. BOONE, IA 50036</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>KASPERSKI, DANIEL C 835 MORVAN COURT NAPERVILLE, IL 60563</b>

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01/26/05-80014-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 20 January 2005 407/774-8915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #