


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N17789 1. Entity Name NAVAL R.O.T.C. SCHOLARSHIP FUND, INC.	
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Principal Place of Business % MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD, FL 32779	Mailing Address % MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

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

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

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00000195103
01/26/05-80014-015 61.25

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 #