

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90286 006 \*\*\*\*61.25

**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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2770205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D ☐ Delete  
NAME SHAID, RODNEY J  
STREET ADDRESS 4255 W. THORNDALE AVE.  
CITY-ST-ZIP CHICAGO IL 60646

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

TITLE SD ☐ 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

TITLE D ☐ Change ☒ Addition  
NAME WEBER, JOEL N.  
STREET ADDRESS 3127 DECATUR ST.  
CITY-ST-ZIP WEST LAFAYETTE, IN 47906

TITLE D ☐ Change ☒ Addition  
NAME PAULOSKI, THOMAS J.  
STREET ADDRESS 885 GREEN BAY RD  
CITY-ST-ZIP HIGHLAND PARK, IL 60035

TITLE D ☐ Change ☒ Addition  
NAME JOHNSON THORSTEN P.  
STREET ADDRESS 5 CANADA SQUARE  
CITY-ST-ZIP LONDON E14 5AD U.K.

TITLE D ☐ Change ☐ Addition  
NAME GUENDERT, Stephen  
STREET ADDRESS 214 MCKENNA CREEK DR.  
CITY-ST-ZIP GAHANNA, OH 43230

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

3 April 2006 407/774-8915