2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17789

1. Entity Name



FILED Mar 05, 2003 8:00 am § Secretary of State 03-05-2003 90075 036 ****61.25

NAVAL R	O.T.C. SCHOLARSHIP FUND	, INC.			.5 05 2 005 700 75 0.	<i>7</i> 0 01.	23	
% MARYANN SEERY % M 2618 BENT HICKORY CRCL. 2618		Mailing Address MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	MARYANN SEERY 818 BENT HICKORY CRCL.		0 11 10011 10001 10120 1221 0 2011 010	121 8 2 0 16 018 21 018	if 31311 1832	
2. Principal Place of Business 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	GHANGES		
City & State		City & State		4. FEI Number 5	9-2770205		oplied For ot Applicable	
Zip	Country	Zip	Country Country		atus Desired	\$8.75 Add	fitional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered			
			Name					
SEERY, MARY ANN 2618 BENT HICKORY CRCL.			Street Address		s (P.O. Box Number is Not Acceptable)			
LONGWO	OOD FL 32779							
			City		FL	-	1	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	agistered office or re	egistered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
o oonga	mens of rogistered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			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 DIR	ECTORS	11.		ES TO OFFICERS AND DI		10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC SEERY, MARYANN 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAID, ROD 4255 WITH CHICAGO, IL	NEY J. HORN DALE I	□ Change マVE.	Addition	
TITLE	PD	□ Delete	1 7		IO LIONTIA		1.	
NAME	GULLIVER, VICTOR S.		TITLE] [Manual Addition (
STREET ADDRESS			NAME (☐ Change	Addition	
	1900 FRANKLIN DR.		NAME STREET ADDRESS	D NEBER JOH 3127 DECA	EL N. FUR ST.	☐ Change	,	
CITY-ST-ZIP	GLENVIEW IL 60025		NAME STREET ADDRESS CITY-ST-ZIP	D NEBER, JOH 3127 DECA NEST LAFA	EL N. FUR ST.	□ Change	,	
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12. 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 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: easurer, 3, March, 2003 407/774-8915