


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2770205	
Zip		Country		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				7. Name and Address of New Registered Agent 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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC SEERY, MARYANN 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBER, JOEL W. 3127 DECATUR ST. WEST LAFAYETTE, IN 47906	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GULLIVER, VICTOR S. 1900 FRANKLIN DR. GLENVIEW IL 60025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAULOSKI, THOMAS J. 885 GREEN BAY RD HIGHLAND PARK, IL 60035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLEMETSSEN, NORMAN J. 1052 ROLLING PASS GLENVIEW IL 60025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, THORSTEN P. ARCAPITA LIMITED 15 SLOANE SQUARE, 2ND FLOOR LONDON, SW1W 8ER UNITED KINGDOM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAID, RODNEY J 4255 W. THORNDAL AVE. CHICAGO IL 60646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, GERALD D. 1542 S.E. LINN ST. BOONE IA 50036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KASPERSKI, DANIEL C 835 MORVAN COURT NAPERVILLE IL 60563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *Maryann Seery Treasurer* 30 March 2007 407-774-8915