2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90040 042 ****61.25

DOCUMENT # N17789

1. Entity Name

NAVAL R.O.T.C. SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
% MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	% MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD FL 32779

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 constraining) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBER, JOEL N 3127 DECATUR ST WEST LAFAYETTE, IN 47906	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GULLIVER, VICTOR S. 1900 FRANKLIN DR. GLENVIEW IL 60025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULOSKI, THOMAS J. 885 GREEN BAY RD. HIGHLAND PARK, IL 60035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLEMETSEN, NORMAN J. 1052 ROLLING PASS GLENVIEW IL 60025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTEN, THORSTEN P. 140 IFIELD RD. LONDON, SW10 9AF UNITED KINGDOM	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAID, RODNEY J 4255 W. THORNDALE AVE. CHICAGO IL 60646	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LICUP, KATHERINE E. 266 S. HARVEY AVE OAK PARK, IL 60302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, GERALD D. 1542 S.E. LINN ST. BOONE IA 50036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUENDERT, Stephen R 214 MCKENNA CREEK DR GAHANNA, OH 43230	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KASPERSKI, DANIEL C 835 MORVAN COURT NAPERVILLE IL 60563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 Mar 13, 2008 407-774-8915