

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17789

**FILED**  
**Jan 08, 2016**  
**Secretary of State**  
**CC5469731745**

**Entity Name:** NAVAL R.O.T.C. SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

2618 BENT HICKORY CIRCLE  
LONGWOOD, FL 32779-3627

**Current Mailing Address:**

C/O JOEL N. WEBER  
14197 CLASSIQUE WAY  
SAN DIEGO, CA 92129-4333 US

**FEI Number:** 59-2770205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEERY, MARYANN  
2618 BENT HICKORY CIRCLE  
LONGWOOD, FL 32779-3627 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name SEERY, MARYANN  
Address 2618 BENT HICKORY CIRCLE  
City-State-Zip: LONGWOOD FL 32779-3627

Title VP, DIRECTOR  
Name GULLIVER, VICTOR S CAPT USN (RET.)  
Address 1900 FRANKLIN DRIVE  
City-State-Zip: GLENVIEW IL 60026-1076

Title TREASURER, DIRECTOR  
Name WEBER, JOEL N CAPT USN (RET.)  
Address 14197 CLASSIQUE WAY  
City-State-Zip: SAN DIEGO CA 92129-4333

Title PRESIDENT, DIRECTOR  
Name LICUP, KATHERINE E  
Address 240 MELBA LANE  
City-State-Zip: HIGHLAND PARK IL 60035-1904

Title DIRECTOR  
Name FERRARA, JOHN W  
Address 220 EAST 65TH STREET APT. 18N  
City-State-Zip: NEW YORK NY 10065-6626

Title SECRETARY, DIRECTOR  
Name KASPERSKI, DANIEL C CAPT USNR (RET.)  
Address 835 MORVEN COURT  
City-State-Zip: NAPERVILLE IL 60563-3267

Title DIRECTOR  
Name SHAW, ROBERT E  
Address 1580 SHERMAN AVENUE APT. 304  
City-State-Zip: EVANSTON IL 60201-4482

Title DIRECTOR  
Name JOHNSEN, THOR P  
Address FIR TREES WEXHAM STREET  
City-State-Zip: STOKE POGES BUCKINGHAMSHIRE SL3 6NA

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL N. WEBER

**TREASURER**

**01/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FESSLER, E. ANTHONY CAPT, JAGC, USN (RET.)  
Address 1615 BRIARWOOD ROAD  
City-State-Zip: SHEBOYGAN WI 53083-2151

Title DIRECTOR  
Name LILLICH, CHRISTOPHER B  
Address 12226 KENTON WAY  
City-State-Zip: BOCA RATON FL 33428-4822

Title DIRECTOR  
Name FRESE, ROBERT M CDR, USNR (RET.)  
Address 879 HAVEN POINT  
City-State-Zip: NEW BRAUNFELS TX 78132-4339

Title DIRECTOR  
Name PENNA, JASON S  
Address 10 WOODRUN COURT  
City-State-Zip: EASTON PA 18042-9610