2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17789

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

FILED
Jan 07, 2015
Secretary of State
CC4653462062

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: Yes

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 Title DIRECTOR

Name SEERY, MARYANN Name GULLIVER, VICTOR S CAPT USN

(RET.)

VP, DIRECTOR

Address 2618 BENT HICKORY CIRCLE Address 1900 FRANKLIN DRIVE

City-State-Zip: LONGWOOD FL 32779-3627 City-State-Zip: GLENVIEW IL 60026-1076

Title TREASURER, DIRECTOR

Name WEBER, JOEL N CAPT USN (RET.)

Name LICUP, KATHERINE E

Address 14197 CLASSIQUE WAY Address 226 SOUTH HARVEY AVENUE

City-State-Zip: SAN DIEGO CA 92129-4333 City-State-Zip: OAK PARK IL 60302-3312

Title PRESIDENT, DIRECTOR Title SECRETARY, DIRECTOR

Name PAULOSKI, THOMAS J CDR USNR (RET.) Name KASPERSKI, DANIEL C CAPT USNR

Title

Address 885 GREEN BAY ROAD Address 835 MORVEN COURT

City-State-Zip: HIGHLAND PARK IL 60035-4638 City-State-Zip: NAPERVILLE IL 60563-3267

Title DIRECTOR Title DIRECTOR

Name SHAW, ROBERT E Name JOHNSEN, THOR P

Address 1580 SHERMAN AVENUE Address FIR TREES

APT. 304 WEXHAM STREET

City-State-Zip: EVANSTON IL 60201-4482 City-State-Zip: STOKE POGES BUCKINGHAMSHIRE

SL3 6NA

(RET.)

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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 01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MARTIN, EDWARD J CAPT USN (RET.) Name WESTLAKE , WILLIAM R PHD

Address 707 HILL ROAD Address P.O. BOX 2023

City-State-Zip: WINNETKA IL 60093-3916 City-State-Zip: GRANBY CO 80446-2023