2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17789

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

FILED
Jan 08, 2016
Secretary of State
CC5469731745

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:

Address

Electronic Signature of Registered Agent

Title

Officer/Director Detail:

Title CHAIRMAN, DIRECTOR Title VP, DIRECTOR

Name SEERY, MARYANN Name GULLIVER, VICTOR S CAPT USN

(RET.)

PRESIDENT, 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 240 MELBA LANE

City-State-Zip: SAN DIEGO CA 92129-4333 City-State-Zip: HIGHLAND PARK IL 60035-1904

Title DIRECTOR Title SECRETARY, DIRECTOR

Name FERRARA, JOHN W Name KASPERSKI, DANIEL C CAPT USNR

220 EAST 65TH STREET (RET.)

APT.18N Address 835 MORVEN COURT

City-State-Zip: NEW YORK NY 10065-6626 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

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

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FESSLER, E. ANTHONY CAPT, JAGC, USN (RET.) Name FRESE, ROBERT M CDR, USNR (RET.)

Address 1615 BRIARWOOD ROAD Address 879 HAVEN POINT

City-State-Zip: SHEBOYGAN WI 53083-2151 City-State-Zip: NEW BRAUNFELS TX 78132-4339

Title DIRECTOR Title DIRECTOR

Name LILLICH, CHRISTOPHER B Name PENNA, JASON S

Address 12226 KENTON WAY Address 10 WOODRUN COURT

City-State-Zip: BOCA RATON FL 33428-4822 City-State-Zip: EASTON PA 18042-9610