#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17789

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

**FILED** Jan 05, 2017 **Secretary of State** CC9981035952

# **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 Title **DIRECTOR** 

Name SEERY, MARYANN GULLIVER, VICTOR S CAPT USN Name

(RET.)

240 MELBA LANE

Address 2618 BENT HICKORY CIRCLE Address 1900 FRANKLIN DRIVE

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

Title TREASURER. DIRECTOR

Title PRESIDENT, DIRECTOR Name WEBER, JOEL N CAPT USN (RET.)

Name LICUP, KATHERINE E 14197 CLASSIQUE WAY Address

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

Title VP, DIRECTOR

Title SECRETARY, DIRECTOR Name FERRARA, JOHN W

KASPERSKI, DANIEL C CAPT USNR Name (RET.) Address

Address

220 EAST 65TH STREET **APT. 18N** Address

835 MORVEN COURT NEW YORK NY 10065-6626

City-State-Zip: City-State-Zip: NAPERVILLE IL 60563-3267

Title DIRECTOR DIRECTOR Title

SHAW, ROBERT E Name Name JOHNSEN, THOR P

Address 1580 SHERMAN AVENUE Address **FIR TREES** 

APT. 304 **WEXHAM STREET** 

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

SI 3 6NA

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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.

01/05/2017 SIGNATURE: JOEL N. WEBER TREASURER

Electronic Signature of Signing Officer/Director Detail

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