

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001619

1. Entity Name

NWFROC SCHOLARSHIP FUND, INC.

Principal Place of Business

131 WYNNEHAVEN BEACH ROAD
MARY ESTHER FL 32569

Mailing Address

131 WYNNEHAVEN BEACH ROAD
MARY ESTHER FL 32569-2718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CULLEN, WILLIAM J
131 WYNNEHAVEN BEACH ROAD
MARY ESTHER FL 32569

4. FEI Number

59-3434498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GLUNN, FRANKLIN K	
STREET ADDRESS	1069 EMERALD BAY DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIRNEY, JOHN A	
STREET ADDRESS	51 POQUITO ROAD	
CITY-ST-ZIP	SHALIMAR FL 32579-1115	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORTALL, JOHN L	
STREET ADDRESS	619 GOLF COURSE DRIVE, N.E.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, JACK	
STREET ADDRESS	200 MIRACLE STRIP PKWY. S.W. #205	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, MARIE L	
STREET ADDRESS	33 PALMETTO DRIVE	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, LESTER M	
STREET ADDRESS	20 SHARILYN DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32579-1034	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William J. Cullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-2000

850-581-6306

Daytime Phone #

CR2E037 (9/99)