

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90117 034 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

SEC/T.UG.25

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** ☐ Delete
 NAME **GLUNN, FRANKLIN K**
 STREET ADDRESS **1069 EMERALD BAY DRIVE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **RUSSELL E. MCNEVEY**
 STREET ADDRESS **113 DOLPHIN PT. ROAD**
 CITY-ST-ZIP **NICEVILLE, FL 32578-3719**

TITLE **D** ☐ Delete
 NAME **SIRNEY, JOHN A.**
 STREET ADDRESS **51 POQUITO ROAD**
 CITY-ST-ZIP **SHALIMAR FL 32579-1115**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JAMES F. MCCARTHY, SR.**
 STREET ADDRESS **200 WYNNEHAVEN BEACH ROAD**
 CITY-ST-ZIP **MARY ESTHER FL 32569-1717**

TITLE **D** ☒ Delete
 NAME **SHORTALL, JOHN L**
 STREET ADDRESS **619 GOLF COURSE DRIVE, N.E.**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GARDNER, JACK**
 STREET ADDRESS **200 MIRACLE STRIP PKWY. S.W. #205**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WAGNER, MARIE L**
 STREET ADDRESS **33 PALMETTO DRIVE**
 CITY-ST-ZIP **MARY ESTHER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **ADAMS, LESTER M**
 STREET ADDRESS **20 SHARILYN DRIVE**
 CITY-ST-ZIP **SHALIMAR FL 32579-1034**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)