

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003149

FILED  
Jun 20, 2007  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF CIVIL LAW NOTARIES, INC.

**Current Principal Place of Business:**

P O BOX 3269  
TALLAHASSEE, FL 32215

**New Principal Place of Business:**

325 JOHN KNOX RD  
SUITE L103  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P O BOX 3269  
TALLAHASSEE, FL 32215

**New Mailing Address:**

**FEI Number:** 59-3552914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BRYANT, BILL L JR  
106 E COLLEGE AVE, SUITE 1200  
TALLAHASSEE, FL 32302 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRYANT, BILL L JR  
Address: 106 E. COLLEGE AVE. STE 1200  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: KOCOUREK, TODD G  
Address: 1351 N GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: PENALVER, RAFAEL  
Address: 1101 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: CARLISLE, RUSSELL  
Address: 415 SE 12TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: WILLIG, DAVID  
Address: 2837 SW 3RD AVE  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: ROSENBERG, LEONARD  
Address: 5200 BLUE LAGOON DR. STE. 600  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TODD G. KOCOUREK

D

06/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date