

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003581

Entity Name: NATIONAL ASSOCIATION OF TWO-YEAR-OLD CONSIGNORS, INC.**FILED**
May 01, 2016
Secretary of State
CC5640834691**Current Principal Place of Business:**1633 NW 80TH AVE
OCALA, FL 34482**Current Mailing Address:**1633 NW 80TH AVE
OCALA, FL 34482 US**FEI Number: 01-0653029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MULLIGAN, MICHAEL
3825 NW130TH AVE.
OCALA, FL 34482 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 PD
Name MULLIGAN, MICHAEL
Address 3825 NW 130TH AVE.
City-State-Zip: OCALA FL 34482Title TD
Name EISAMAN, VMD, BARRY
Address 15749 W. HWY. 316
City-State-Zip: WILLISTON FL 32696Title D
Name DUNNE, CIARAN
Address 14850 W. HWY. 40
City-State-Zip: OCALA FL 34481Title D
Name BRENNAN, NIAL
Address 9119 NW HWY. 225A
City-State-Zip: OCALA FL 34482Title D
Name WOODS, EDDIE
Address 14870 W. HWY. 40
City-State-Zip: OCALA FL 34481Title VD
Name DE MERIC, NICK
Address 4001 NW 130TH AVE
City-State-Zip: OCALA FL 34482

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: MICHAEL MULLIGAN**PRESIDENT****05/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date