

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000009

Entity Name: THE NATIONAL ASSOCIATION OF LEGAL SEARCH
CONSULTANTS, INC.**FILED**
Mar 11, 2024
Secretary of State
0475973460CC**Current Principal Place of Business:**12555 ORANGE DRIVE
SUITE 4207
DAVIE, FL 33330**Current Mailing Address:**12555 ORANGE DRIVE
SUITE 4207
DAVIE, FL 33330 US**FEI Number: 36-3532267****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	PETERS, MELISSA
Address	9 WOODWILD TERRACE
City-State-Zip:	METUCHEN NJ 08840

Title	DIRECTOR
Name	HEAVISIDE, ANNE
Address	4625 COLE AVE APT. 9
City-State-Zip:	DALLAS TX 75205

Title	TREASURER
Name	WEIL, ROSS
Address	200 VESEY STREET 24TH FLOOR
City-State-Zip:	NEW YORK NY 10281

Title	VP, MEMBERSHIP
Name	GARBER, MARY CLARE
Address	125 HALF MILE ROAD SUITE 200
City-State-Zip:	RED BANK NJ 07701

Title	DIRECTOR
Name	ALPERT, ESTHER
Address	2425 L STREET, NW #415
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	BACON, KEVIN
Address	6852 BETHANY DRIVE
City-State-Zip:	WESTERVILLE OH 43081

Title	VP, LONG RANGE PLANNING
Name	ABSHIRE, JORDAN
Address	401 HAWTHORNE LANE SUITE 110-156
City-State-Zip:	CHARLOTTE NC 28204

Title	EXECUTIVE DIRECTOR
Name	ANKUS, STEPHANIE
Address	12555 ORANGE DRIVE SUITE 4207
City-State-Zip:	DAVIE FL 33330

Continues on page 2

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: STEPHANIE ANKUS**EXECUTIVE DIRECTOR****03/11/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GILLMAN, JENNIFER
Address 815 EAST BROAD STREET
City-State-Zip: WESTFIELD NJ 07090

Title DIRECTOR
Name THORSEN, NATALIE
Address 7601 N. CENTRAL, #5
City-State-Zip: PHOENIX AZ 85020

Title DIRECTOR
Name RINALDI, CONNIE
Address 110 YORKSHIRE DR.
City-State-Zip: EAST NORWICH NY 11732

Title SECRETARY
Name BADAWI, ETHEL
Address 600 NEW HAMPSHIRE AVE., NW
WATERGATE 600 SUITE 610
City-State-Zip: WASHINGTON DC 20037

Title DIRECTOR
Name TENHOOR, STUART
Address 7409 SWAN POINT WAY
City-State-Zip: COLUMBIA MD 21045

Title DIRECTOR
Name BINSTOCK, DAN
Address 1627 - I STREET, NW
SUITE 1230
City-State-Zip: WASHINGTON DC 20006