

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003581

FILED
May 02, 2007
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF TWO-YEAR-OLD CONSIGNORS, INC.

Current Principal Place of Business:

6500 NW 225A
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

P O BOX 771483
OCALA, FL 34477

New Mailing Address:

FEI Number: 01-0653029 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:

DE RENZO, DEAN
6500 NW 225A
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: DERENZO, DEAN
Address: 6500 NW 225A
City-St-Zip: Ocala, FL 34482

Title: VD () Delete
Name: THOMAS, BECKY
Address: PO BOX 420
City-St-Zip: ORANGE LAKE, FL 32681

Title: D () Delete
Name: DIXON, GABRIEL
Address: PO BOX 772468
City-St-Zip: Ocala, FL 34477

Title: TD () Delete
Name: LEPPALA, STACY
Address: PO BOX 409
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: BERKELHEIMER, BARRY
Address: 510 SE HWY 484
City-St-Zip: Ocala, FL 34480

Title: D () Delete
Name: DE MERIC, NICK
Address: 4001 NW 130TH AVE
City-St-Zip: Ocala, FL 34482

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: DEAN DERENZO

PD

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date