

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003581

FILED
Apr 11, 2011
Secretary of State

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

Current Principal Place of Business:

3825 NW 130TH AVE.
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

P O BOX 232
HALLTOWN, WV 25423

New Mailing Address:

P O BOX 770082
OCALA, FL 34471

FEI Number: 01-0653029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIGAN, MICHAEL
3825 NW130TH AVE.
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
Name: MULLIGAN, MICHAEL
Address: 3825 NW 130TH AVE.
City-St-Zip: Ocala, FL 34482

Title: TD
Name: EISAMAN, VMD, BARRY
Address: 15749 W. HWY. 316
City-St-Zip: WILLISTON, FL 32696

Title: D
Name: DUNNE, CIARAN
Address: 14850 W. HWY. 40
City-St-Zip: Ocala, FL 34481

Title: D
Name: BRENNAN, NIALL
Address: 9119 NW HWY. 225A
City-St-Zip: Ocala, FL 34482

Title: D
Name: WOODS, EDDIE
Address: 14870 W. HWY. 40
City-St-Zip: Ocala, FL 34481

Title: VD
Name: DE MERIC, NICK
Address: 4001 NW 130TH AVE
City-St-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

PD

04/11/2011

Electronic Signature of Signing Officer or Director

Date