

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003149

FILED
Feb 16, 2009
Secretary of State

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

Current Principal Place of Business:

1351 N. GADSDEN STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3269
TALLAHASSEE, FL 32215 US

New Mailing Address:

FEI Number: 59-3552914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCOUREK, TODD G
1351 N. GADSDEN STREET
TALLAHASSEE, FL 32303 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: 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
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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

02/16/2009

Electronic Signature of Signing Officer or Director

Date